

## Workshop Verification Form

Please complete the following information about the workshop you've attended. Make sure to record the information below and provide the contact information of the person who facilitated the workshop. Please make sure to have the contact person sign the bottom of this form in order to verify your workshop participation. You are required to return this form to the ACE office at 255 Capen Hall.

Student Name: \_\_\_\_\_ UB Person Number: \_\_\_\_\_

Workshop Title: \_\_\_\_\_

Workshop Date: \_\_\_\_\_ Workshop Time: \_\_\_\_\_

Name of Facilitator: \_\_\_\_\_

### For Workshop Facilitator to Complete

Facilitator Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Workshop Date: \_\_\_\_\_

By signing this form, I verify that the above named student has participated in a workshop activity with our organization.

Facilitator Signature: \_\_\_\_\_