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: ________________________________________________________________