



**COSGP  
Touch Hours Authorization Form**

*Return this form to the TOUCH Coordinator*

**Current Date:** \_\_\_/\_\_\_/\_\_\_

**Name of Organization:** \_\_\_\_\_ \

**Name of Community Service (CS):** \_\_\_\_\_

**Location of CS:** \_\_\_\_\_

**Date of CS:** \_\_\_/\_\_\_/\_\_\_ **Begin Time:** \_\_\_\_\_ **End Time:** \_\_\_\_\_ **Total Hours:** \_\_\_\_\_

**Description and Purpose of Community Service:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Community Service Contact

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**FOR ADMINISTRATIVE USE ONLY**

**Comments:**