

COMPENSATORY EDUCATION  
CERTIFICATION OF SERVICES RENDERED (CSR)

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

Student's Name (PRINT Last, First) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID #: \_\_\_\_\_

I, do hereby certify that service(s) rendered by \_\_\_\_\_  
detailed in invoice # \_\_\_\_\_ were provided as outlined.

By signing this document, I / By signing this document / report, I certify to the best of my knowledge and belief that the information is true, complete, and accurate. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise.

**NOTE: Inquires of student's accounts will not be sent to vendors from the SDP and should be sought from the parents.**

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If over 18 and developmentally appropriate)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vendor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_