**University of North Alabama**

**MSW - Field Placement Form (Returning Students)**

**Student Contact Information:**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

**Placement Agency:**

|  |  |
| --- | --- |
| Agency Name: |  |
| Agency Address: |  |
| Agency Field Supervisor: |  |
| Field Supervisor Phone Number: |  |
| Field Supervisor Email Address: |  |
| Are you currently employed at this agency? |  |

**Student Liability Insurance:**

|  |  |
| --- | --- |
| Expiration Date: |  |

**Permission to Release Student Information:**

By signing below, I give my permission for the Department of Social Work at University of North Alabama to share information contained in this form, or give a copy of this form, to any agency I select to interview with for a possible graduate field placement. I understand that faculty members in the Department of Social Work will also have access to this information.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_