



**RELEASE OF INFORMATION & ACKNOWLEDGMENT FORM
GRADUATE SOCIAL WORK FIELD PLACEMENT**

Student Name: _____
(please print)

Please check	Graduate Program	Semester	Year
	On Campus MSW Foundation	Spring	
	On Campus MSW Specialization	Fall-Spring	
	Distance Education MSW Foundation	Fall-Spring	
	Distance Education MSW Specialization	Fall-Spring	

I am academically, emotionally and physically prepared for and able to meet the demands of the social work field experience. Yes ___ No ___

I consent for the Director of Field Instruction to make the necessary arrangements for me to begin my field placement. By signing below, I give my permission for the appropriate departmental members in the Social Work Department at the University of Northern Iowa to share the information I compiled, or give a copy of that information, to any agency where I will interview for a possible field placement. I authorize the Social Work Department to provide information from my educational records and FERPA (Family Educational Rights and Privacy Act) related material to any agency for the purpose of securing and maintaining my field placement. The information or records to be shared with agency staff members may include, but is not limited to: (1) resume, (2) academic standing, and (3) courses taken. I understand that my request for a field placement will not be processed unless I complete and submit all required paperwork, and meet all the departmental requirements for field placement. This permission will remain in effect until such time that I give written instruction to the Social Work Department Director of Field Instruction to the contrary.

I acknowledge that there are certain risks inherent in my participation in the social work field experience, including but not limited to risks arising from:

- Driving to and from the field site, or while in the course of field activities;
- Unpredictable or violent behavior of certain client populations served by the field site;
- Exposure to infectious diseases, including tuberculosis or other airborne pathogens, and hepatitis, HIV or other bloodborne pathogens.

I acknowledge that all risks cannot be prevented and could result in my bodily injury or illness, and hereby agree to assume those risks beyond the control of University faculty and staff. I agree that it is my responsibility to understand and follow the field site's policies and procedures designed to identify and control risks, including safety and security procedures. I represent that I am capable, with or without accommodation, to participate in the social work field experience.

Signature

Date