FREDONIA
STATE UNIVERSITY OF NEW YORK

Release of Information I.

Between State University of New York at Fredonia and All Potential Field Sites

Prior to the commencement of field the following release is required.

1. I understand that my field practicum requires collaboration between the agency/organization and Fredonia and that information regarding my eligibility to field, field practicum performance, and all issues relevant to field agency supervisors or social work program faculty will be shared between the two entities.

2. I understand that this particular release will be in effect throughout the practicum selection process. Upon selection of a practicum, I will fill out another release allowing communication between Fredonia and the selected organization where I will be placed over the AY_____.

Student Name: _____
(printed)

Student Signature: _____ **Date:** _____

Field Coordinator: _____ **Date:** _____

FREDONIA
STATE UNIVERSITY OF NEW YORK

Release of Information II.

Between State University of New York at Fredonia and _____
(agency)

Prior to the commencement of field the following release is required.

3. I understand that my field practicum requires collaboration between the agency/organization and Fredonia and that information regarding my eligibility to field, field practicum performance, and all issues relevant to field agency supervisors or social work program faculty will be shared between the two entities.

4. I understand that this particular release will be in effect throughout the entire duration of my field practicum experience over the AY_____ will remain in effect until I successfully complete my field practicum.

Field Coordinator: _____ **Date:** _____

Student Signature: _____ **Date:** _____

Student Name: _____
(printed)