Student Agreement to Participate in Field Education
Release of Information Form

I, ________________________________, am a student in the School of Social Work at the University of Pittsburgh. I understand and agree in accordance with the curriculum requirements outlined in the School of Social Work student handbook http://www.socialwork.pitt.edu/downloads/MSWHandbook.pdf that in order to complete the program in social work in which I am enrolled, I will be required to compete a field placement or placements with an agency, organization or facility external to the University, and such facilities will or may require a criminal background check, an act 33/34 clearance (if applicable) and perhaps a drug screen to determine whether I am qualified to participate in the field placement. Additionally, in order to become licensed, many states will inquire as to whether the applicant has been convicted of a misdemeanor, a felony, or a felonious or illegal act associated with alcohol and/or substance abuse. I understand that it is my responsibility to secure the necessary background checks required and submit them to the facility of interest for field placement for their review and determination. Should I fail a check, clearance and/or drug screen, I understand that the School of Social Work cannot guarantee that it will be able to place me in an agency for a field internship, and that these results may affect my ability to complete the program requirements for which I am enrolled and my future ability to be licensed.

I also understand and agree that while I am in field placement, that I am not covered by workman’s compensation for any accident/injury that may occur during my time on site doing agency/field placement business. I understand that I, or my medical insurance plan, will be responsible for all expenses incurred while I am working in my field placement and that the University of Pittsburgh and the University of Pittsburgh School of Social Work assumes no responsibility or liability for any injury I might sustain. Therefore, I specifically release the University of Pittsburgh, its schools, departments, agencies, officers, trustees, and employees from any such responsibility or liability. Students agree that they are not employees of the University of Pittsburgh or the Field Education Organization and are not covered by Workers’ Compensation, Unemployment Compensation, or any other laws, government regulations or ordinances related to employees.

Release of Information

As part of the field placement assignment process, the Office of Field Education will need to share student placement materials and other relevant information with potential agencies/field instructors. This includes, discussions with prospective field instructors, sending a copy of my resume, student agreement, and prior placement evaluations if applicable/requested. These materials enhance the matching process which generally benefits the student and the field instructor. Without a written release, the Office of Field Education is unable to provide the agency with the information required to make a determination regarding the student’s field placement.

I hereby give my permission to the Office of Field Education, School of Social Work at the University of Pittsburgh, to release any and all information included in my application for field placement to potential agencies/field instructors for the purposes of arranging field placement(s). This release extends to several agencies when necessary for confirmation of a mutually agreeable placement site. This release does not apply to my application materials to the School of Social Work, personal references, or transcripts. Once placed, however, this release also includes sharing my educational records with the agency/field instructor for purposes of monitoring and evaluating my progress if necessary as determined by the School. I understand that I may revoke this consent, but such revocation will only be effective from the date of the School of Social Work’s receipt of a written revocation going forward. I understand such revocation could impact my continued enrollment at the field site.

My signature on this agreement indicates that I have read and understand this agreement and represents that I meet all criteria listed above.

Student name (print):_____________________________________________

Student Signature: _____________________________   Date:____________