

College of Social Work

**Student Release of Information Form  
Office of Field Education**

I, \_\_\_\_\_, am a student in the College of Social Work at the University of Tennessee. I hereby give my permission to the Office of Field Education to release the following information to the identified field organization for the purpose of arranging my field placement. I understand that I have the authority to grant or deny permission for this release. However, I also understand that declining to grant this permission may exclude me from consideration for specific field placements.

The information to be shared is:

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The above information is the only information that may be shared with the following organization(s):

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My signature on this form indicates that I have read and understand this release of information agreement and I authorize the information to be shared with the identified organization. I understand that I may revoke this consent, but such revocation will only be effective from the date of the College Of Social Work's receipt of written revocation going forward. I understand such revocation could impact my field placement.

Student Name (Print): \_\_\_\_\_

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

Field Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_