

UNIVERSITY OF ILLINOIS AT CHICAGO
JANE ADDAMS COLLEGE OF SOCIAL WORK
Field Division
1040 West Harrison (MC 309)
Chicago, IL 60607-7134

LIABILITY INSURANCE

Please print clearly. Illegible or omitted information will delay processing of your application.

Student's Name _____

Student contact phone number: _____

Course number student registering for: SocW _____

Dates student will be in field placement: From: _____ To: _____

Agency name: _____

Agency address: _____
Street

City

State

Zip

Field Liaison: _____

Agency Field Instructor: _____

Agency Field Instructor e-mail address: _____

Phone number: _____ Fax number: _____

Field Liaison: _____
Signature