

University at Albany, SUNY
SCHOOL OF SOCIAL WELFARE
Office of Field Education

BSW Field Verification Letter

I HAVE COMPLETED MY PRE-PLACEMENT VISIT TO THE AGENCY BELOW ON THE DATE NOTED.
I ACCEPT THIS ASSIGNMENT AS MY FIELD PLACEMENT.

I UNDERSTAND THAT I AM EXPECTED TO REPORT TO FIELD ON THE DATE PROVIDED ON THE
FIELD CALENDAR UNLESS OTHERWISE ARRANGED WITH MY INSTRUCTOR. I HAVE ALSO MADE
ARRANGEMENTS TO TAKE A PHYSICAL EXAMINATION OR PROVIDE THE AGENCY WITH ALL
NECESSARY INFORMATION REQUIRED TO BEGIN PLACEMENT.

Date of Visit: _____

Agency: _____

Instructor's Name: _____
(Please Print)

Instructor's Signature: _____

Student's Name: _____

Please return this form to:

Barbara Rio
School of Social Welfare, RI-204
135 Western Avenue
Albany, NY 12222
Fax: (518) 442-5380