

Course Number/Section _____

**SUNY ORANGE
FIELD OBSERVATION/FIELD PLACEMENT
STUDENT INFORMATION/RELEASE FORM**

Student Name _____

I have read and understand my responsibilities regarding field work as stated in the course syllabus.

Signature

Date

Home Phone Number _____

Cell Phone Number _____

Email Address _____

I hereby grant permission for employees of SUNY Orange to release my name, address and telephone number to the administrators of the school, school districts, or other educational or child care facilities in which I may be placed as a student observer in conjunction with my participation in the Education Department field sites, program and related courses.

I further agree to notify the Coordinator of the Field Placement Program in writing should I wish to rescind this permission.

Signature

Date