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BSW Consortium Release Form

I _____(student’s full name) give the Social Work Department of _____(name of state university) my permission to release the following information (see list below) to the Center for Advanced Studies in Child Welfare (CASCW), School of Social Work, University of Minnesota- Twin Cities, for the purpose of identification as a student participating in the BSW Title IV-E Child Welfare Grant. This information will be used by CASCW staff and faculty only as necessary to meet the requirements of the grant. The data collected will be maintained and updated in a directory for research and evaluation purposes. Only aggregated data will be reported.

Data that I give my permission to be collected are:

- | | |
|--|--|
| Name | Field Placement |
| Address (es): School and Permanent. | Adviser |
| Electronic (e-mail) address | Academic awards and honors |
| Phone number: School and Permanent | Graduation date and degree |
| Emergency Contact: Name, Address and Phone Number | Job search information (what agencies, where, when, results) |
| Dates of enrollment | Employment after graduation |
| Enrollment status (part time, full time, not enrolled) | Ethnicity |
| Dates of IV-E involvement | Age |
| Major and minor | Date of Birth |
| | Social Security Number |

Signature _____ Date _____

