

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