



205 Peters Hall
1404 Gortner Avenue
St. Paul, MN 55108
612-624-4231



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
- Address (es): School and Permanent.
- Electronic (e-mail) address
- Phone number: School and Permanent
- Dates of enrollment
- Dates of IV-E involvement
- Major and minor
- Adviser
- Academic awards and honors
- Graduation date and degree
- Job search information (what agencies, where, when, results)
- Employment after graduation
- Ethnicity
- Age

Signature _____ Date _____

