

# University of Alaska Anchorage

## Social Work Field Education Program

**Mail:**

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## Agency Representative Application

Thank you for your interest in service as an Agency Representative for the UAA School of Social Work. Please complete this form and return it to our office by fax, e-mail, or mail.

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Name:

Practicum Student:

Employer:

Agency Address, including city and zip:

Agency Physical Address:

Preferred Mailing Address, including city and zip:

Work Phone:

Fax:

E-mail:

Other Contact Information ( optional):

Best times/methods to reach you:

*I give permission to the UAA School of Social Work to use photos of me or to list my name on the school's website, in the annual newsletter, in department printed material the would reference my participation in the field education program, and/or share my professional contact information.*

Accept

Deny

Signature:

Date: