

**CHICAGO STATE UNIVERSITY**  
**Master of Social Work Program**

**REQUEST FOR CERTIFICATE OF INSURANCE COVERAGE/PROOF OF LIABILITY INSURANCE**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Placement Type: \_\_\_\_\_ Foundation \_\_\_\_\_ Advanced \_\_\_\_\_ School SW \_\_\_\_\_ Post MSW

Dates field placement will begin: \_\_\_\_\_

Date field placement will end: \_\_\_\_\_

Agency Name:

\_\_\_\_\_

Agency Address, City, State, Zip Code:

\_\_\_\_\_

Name of Field Instructor:

\_\_\_\_\_

Field Instructor Phone Number: \_\_\_\_\_

Field Instructor E-mail address: \_\_\_\_\_

Field Instructor Fax Number: \_\_\_\_\_

Name, title and mailing address of Administrator or Individual whom the certificate should be sent if not the Field Instructor:

\_\_\_\_\_

Return completed form to Lolita Godbold Director of Field Education, email [lgodbold@csu.edu](mailto:lgodbold@csu.edu) or mail to 9501 S. King Drive/ SCI 11A, Chicago, Il. 60628 fax (773)821-2420. Phone: 773-995-2843 if you have questions.