

FIELD STATEMENT ACCESS PERMISSION FORM

Student Name _____

Title of Field Statement _____

Date Field Statement Given Final Approval _____

Please check either of the following:

_____ The Field Statement listed above shall be marked OPEN. Upon request, other students may look at it in the department lobby, but they may not take it elsewhere or copy it.

_____ The Field Statement listed above shall be marked CLOSED. It will be kept in my file and not be made available to other students for inspection.

Student Signature _____ Date _____