

LSU SCHOOL OF SOCIAL WORK
AGENCY INFORMATION SHORT FORM
(Please fill out this form to update the field office on any changes in your agency)

I. IDENTIFYING INFORMATION:

Date: _____

Agency: _____

Address: _____

Phone #: _____ Fax#: _____ E-mail: _____

Pager #: _____ Other phone #: _____

Director of Agency: _____

Director of Social Work Training: _____

Contact Person: _____

II. SERVICES AND PROGRAMS:

Describe any new programs or services you agency could offer to field students.

III. Directions to Agency

If your agency has relocated since our initial visit, please include a map or detailed instructions to your agency from LSU in Baton Rouge.

V. LCSW Supervisor (attach copy of current license)

VI. STIPENDS:

If your program has new funding sources that may allow for stipend for interns please list information below.

Signature Date