

STUDENT LIABILITY INSURANCE VERIFICATION REQUEST

Office of Risk Management & Insurance
Olds Hall
408 W. Circle Drive Rm 113
East Lansing, MI 48824
Phone (517) 355-5022
Fax (517) 432-3854
E-mail risk.management@ctrl.msu.edu

Requirements: Students are indemnified by MSU and covered by insurance only when performing services in approved academic programs, those for which they are enrolled, are registered and have received College approval. This would include a) activities that are an official component of the curriculum, including required and elective courses, b) approved preceptorships, and c) approved field placements in off-campus locations. This request needs to be approved by an authorized person from the respective College.

Re: Student: _____

Dates of Field Experience: _____

Academic Program: _____

Send to: Facility: _____

Attention: _____

Address: _____

Requested By: Name: _____

Department: _____

Telephone: _____

FAX: _____

Date: _____

Signature _____

I certify that this request meets the requirements specified above.

Comments: