

## Student Request for Workers' Compensation Certification

**Once completed please take this form to ADMN 252**

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

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

ID Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

SFSU Department: \_\_\_\_\_

Instructor's Name: \_\_\_\_\_

Instructor's Phone: \_\_\_\_\_

Instructor's  
Signature: \_\_\_\_\_

San Francisco State students are covered by Workers' Compensation during their academically required internships.