**Santa Clara University School of Law**
**Summer Abroad Internship**

**Emergency Contact Information Form**

Within three (3) days of arriving at your internship location, please submit this completed form (or the information required by this form) to:

(1) Your Program Director; and
(2) The Center for Global Law and Policy, cglp@scu.edu

Your name:_____

Internship Country:_____

Your local address:_____

_____

Your local telephone number:_____ _____

_____

Name of firm, NGO, or office you are interning at:_____

_____

Internship office address:_____

_____

Your supervisor's name (if more than one, please list all):_____

_____

Your supervisor's telephone number:_____

_____

Other emergency contact information:_____

_____

_____