NO. _ISF2306(01)-E04

Off-campus Internship Notice and Letter of Parent Intent

I, _____ understand the rights associated with off-campus internship participation and the course requirements, and I consent to my parents being notified via the following channels.

☐ Parents will be notified separately.

☐ The Internship Notice is distributed exclusively via the school/college system. (In the space below, please provide your emergency contact information.)

Emergency contact:

Relationship:

Telephone:

Address:

○○Year○○Month○○Day