

Voluntary Withdrawal



Student Name: _____ Student I.D. #: _____

I, _____, release the AIFS Foundation/AYA and its representatives from any and all responsibilities of
Student Name (printed)
the program as of the day I leave my Host Family. I am aware and accept that the aforementioned organizations and their representatives are no longer responsible for me and that my participation in the Academic Year in America program is completed.

Therefore, I, _____, voluntarily withdraw from the AYA program on my own free will and under my
Student Name (printed)
own authority.

Signed: _____
Student Signature

Witnessed: _____

Date: _____

Please Note: This form should be followed by a program release signed by the student's natural parents.