



STUDENT FULL NAME (PLEASE PRINT):

USAHSID:

By signing this form, we grant permission for the above student, our child, to travel independently after the CIEE program ends.

TRAVEL DETAILS

They will be traveling to:

Beginning from:

Ending on (return date):

They will be chaperoned by:

Note: all adult (age 25+) chaperones must be listed

They will be staying at:

I/we accept that during the above time period, CIEE and our child's Host Family will no longer have responsibility for them. I/we understand that after our child's CIEE program end date, their J-1 visa will no longer be valid and their student health insurance coverage will have ended. My/our child must return home on the return date listed above.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Natural Parent Name(s):

Signature(s) of Natural Parent(s):

Date:

SIGNATURE OF HOME COUNTRY AGENCY ADVISOR

Agency Advisor Name:

Signature of Agency Advisor:

Date: