SA VOLUNTARY RELINQUISHMENT OF ATHLETICS AID

Student-Athletes Name: _____________________________  Sport: _____________________________

Panther ID: ______________________________  Date: ______________________________

This form letter, if signed by you for one of the two reasons stated below, verifies that you relinquish the following:

1. Your right to athletically-related financial aid, and
2. Your right to a hearing of the cancellation of such athletics aid.

A. I, _____________________________, am aware and understand that as a result of my voluntary withdrawal from the team, my athletic financial aid will end as of __________________________. I recognize that I do not have a right to an appeal relative to this voluntary relinquishment of my athletics aid, and I hereby waive a hearing opportunity; OR

B. I, _____________________________, am aware and understand that as a result of the opportunity for financial aid other than athletics, my athletics financial aid will end as of __________________________. I recognize that in doing so, I do not have a right to an appeal relative to this voluntary relinquishment of my athletics aid, and I hereby waive a hearing opportunity.

I hereby certify that I understand the above mentioned, and that I have not be pressured into relinquishment of the athletics aid award by any peer, coach of staff member.

________________________________________  ______________________________
Student-Athlete Signature  Date

________________________________________  ______________________________
Head Coach Signature  Date

________________________________________  ______________________________
Athletics Administration  Date

________________________________________  ______________________________
ACO Signature  Date

Rev. 11/29/2012