



OFFICE OF
INTERNATIONAL SERVICES

Declaration of Financial Support

(Please complete form in English)

Student Information

First Name: _____ Family Name: _____

Indiana University Student Identification Number (if known): _____

Date of Birth: Month _____ Day _____ Year _____

By signing this form:

- I ensure the funds corresponding to my signature will be available to the above named student for the first academic year at Indiana University
- I understand the support amount is for one year of expenses, and a comparable amount will be needed for the duration of the student's program
- I understand this statement is being used for the purpose of issuing an immigration document

	Name of Supporter	Amount to be Provided by Supporter	Supporter's Signature	Date
Family Member		U.S. \$		
Family Member		U.S. \$		
Friend		U.S. \$		
Friend		U.S. \$		
Friend		U.S. \$		

Please return this declaration to the Office of International Services

To guarantee the most efficient processing, please submit an electronic scan of this declaration via the Financial Documentation form in Atlas.