



INDIANA UNIVERSITY

Declaration of Financial Support (Please complete form in English)

Student Information

First#, J Yb Name: _____ Family Name: _____

Indiana University Student Identification Number (if known): _____

Date of Birth: Month _____ Day _____ Year _____

Declaration of Financial Support

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** on iStart.