



studyabroad@ausm.community  
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## Letter of Financial Responsibility

Student's name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person responsible for finances:  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The person signing below as the financially responsible party agrees to assume joint liability with the student for any debt incurred during her/his participation with the Autonomous University of Social Movements' study abroad program. The terms of payment, adjustment and withdrawal set forth in the Conditions of Participation and incorporated are herein and hereby accepted.

In the event of a delinquency, I promise to pay full attorney fees and other reasonable collection costs necessary for the collection of any amount not paid when due.

Signature of person responsible for finances:  
\_\_\_\_\_

X \_\_\_\_\_ Date: \_\_\_\_\_