

Verification of Funds

UNIVERSITY OF MINNESOTA

This form must be completed by a representative of the student's source of funds as indicated on the I-20 or DS-2019. Students must submit separate forms for each source of funding listed on the I-20/DS2019. For example:

- **Family or Parent Funds:** A parent, guardian, or relative must complete this form and sign it.
- **UMN Department Funds:** This form should be completed by the University of Minnesota department that has provided funding. Departmental representatives do not need to get a stamp or seal from a notary public or court official.
- **Personal Funds:** If your I-20 has personal funds, you can complete this form. You are not required to get a stamp or seal from a notary public or court official.

STUDENT INFORMATION

Student's Name

UMN ID#

Source of Funding on Your I-20/DS-2019

Amount of funds in U.S. \$

What semester & year are you requesting ISSS Academic Financial Support?

FUNDING SOURCE INFORMATION

To be completed by a representative of the source of funds

Your Name

Your Email Phone

Address
Street Address Apartment/Unit

City State/Province Zip Code Country

Relationship to student

Please explain below why you cannot continue your financial support at the same level for the requested semester as you did previously. If applicable, please give specific details and submit supporting documentation (e.g. bank statements, medical bills, employment records, court documents). Include a separate notarized/stamped/certified letter if more space is needed.

CERTIFICATION

I certify that I provided the above information and that it is true and accurate.

<input type="text"/>	<input type="text"/>
Signature of Source of Funding completing this form	Date
<input type="text"/>	
Name (Please Print)	
<input type="text"/>	<input type="text"/>
Email Address	Phone Number

REQUIRED: Stamp or Seal of Notary Public or Court Official certifying signature

UMN departments: a UMN Department stamp will be accepted

This form was acknowledged before me on (date) by (name of document signer(s))

(Signature of notarial officer) Title / Rank