



3460 West Lawrence  
 Chicago, IL 60625  
 Tel: 773-583-7728

## Mexico Solidarity Network Study Abroad Letter of Financial Responsibility

Student's name: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Social Security Number: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

Name of College or University: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

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

Name of person responsible for finances: aaaaaaaaaaaaaaaaaaaaaa

Social Security Number: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaa

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 Mexico-US Solidarity Network's 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: \_\_\_\_\_

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