

LIMITED POWER OF ATTORNEY

I, SSN:
(student's full legal name)

Permanently residing at
(street address) (city) (state) (zip)

certify that I am outside the USA and do hereby make, constitute, and appoint
(designee's full legal name)

Residing at:
(street address) (city) (state) (zip) (telephone #)

my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to act as my legal representative during my time outside of the United States. The hereby designated Power of Attorney is authorized to (circle yes or no as applicable for all terms):

Yes No receive, sign and deposit checks made payable to me for educational expenses

Yes No handle issues related to my financial assistance

Yes No access information in my student account and/or financial assistance files

Yes No process banking and insurance transactions on my behalf

Yes No pay bills on my behalf

Yes No Other:

This Power of Attorney terminates on:
(date)

IN WITNESS THEREOF, I have hereunto set my hand and seal on:
(date)

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

Student Signature: _____

Date: _____

Signature of Public Notary Officer: _____

Date: _____

Printed Name of Public Notary Officer: _____

Date: _____

This instrument was acknowledged before me on:
(date)