



Limited Power of Attorney Form (Optional)

I, _____ SSN: _____ permanently residing at: _____
(Name of Student) (Street Address)

_____ with the telephone number of (_____) _____ - _____, certify that I am studying outside the
(City, State, Zip Code) (Permanent Telephone No.)

United States of America and do hereby make, constitute and appoint: _____
(Designee's Full Legal Name)

residing at: _____ with the telephone number of
(Street Address) (City, State, Zip Code)

(_____) _____ - _____, my true and lawful attorney for me and in my name, place and stead, and for my use and benefit to act as my
(Permanent Telephone No.)

legal representative during my participation in study abroad. The hereby designated Power of Attorney is authorized to:

- Yes No Receive checks made payable to me for educational expenses.
- Yes No Sign and deposit checks made payable to me.
- 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 transactions on my behalf.
- Yes No Process insurance transactions on my behalf.
- Yes No Pay bills on my behalf.
- Yes No Other Actions:

This Power of Attorney terminates on: _____
(Month, Day, Year)

IN WITNESS THEREOF, I have hereunto set my hand and seal on: _____
(Month, Day, Year)

SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

 Signature of Student

 Date Signed

 Printed Legal Name of Public Notary Officer

 Date Signed

 Signature of Public Notary Officer

 Acknowledged Date