



## 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