

Limited Power of Attorney

I, _____, permanently residing at the street address of _____ in the city of _____ and the State of _____ with the zip code _____ telephone number _____, and Social Security number _____ - _____ - _____ certify that I am studying outside of the United States and do hereby make, constitute and appoint:

_____, permanently residing at the street address of _____ in the city of _____ and the State of _____ with the zip code _____ and telephone number _____, as 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 participation in study abroad. The hereby designated Power of Attorney is authorized to (check yes or no as applicable for all items):

Yes <input type="checkbox"/>	No <input type="checkbox"/>	receive checks made payable to me for educational expenses
Yes <input type="checkbox"/>	No <input type="checkbox"/>	sign and deposit checks made payable to me
Yes <input type="checkbox"/>	No <input type="checkbox"/>	handle issues related to my financial assistance
Yes <input type="checkbox"/>	No <input type="checkbox"/>	access information in my student account and/or financial assistance files
Yes <input type="checkbox"/>	No <input type="checkbox"/>	process banking transactions on my behalf
Yes <input type="checkbox"/>	No <input type="checkbox"/>	process insurance transactions on my behalf
Yes <input type="checkbox"/>	No <input type="checkbox"/>	pay bills on my behalf
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other: _____

This Power of Attorney terminates on _____

IN WITNESS THEREOF, I have hereunto set my hand and seal on the date _____

SIGN ONLY IN THE PRESENCE OF A NOTARY PUBLIC

Student Signature: _____ Date: _____

Subscribed and sworn to before me on this _____ day of _____, 20_____.

Notary Public, County of _____

State of _____

My commission expires _____

Seal