



LIMITED POWER OF ATTORNEY

(Signature to be witnessed in the presence of a Notary Public)

| | |
|------------------|---------------|
| _____ | _____ |
| Student Name | Daytime Phone |
| _____ | _____ |
| Address | Cell Phone |
| _____ | |
| City, State, Zip | |

Know all by these present that I, the above noted student, do here by appoint:

| | |
|------------------|------------------------------|
| _____ | _____ |
| Designate | Name Relationship to Student |
| _____ | _____ |
| Address | Daytime/ Cell Phone |
| _____ | _____ |
| City, State, Zip | Evening/ Home Phone |

to act for me as my "Attorney-In-Fact" for the limited purpose of endorsing any and all documents pertaining to my financial aid (including but not limited to loans, scholarships and grants) or any other assistance pertaining to my finances for credit to my student account.

I may revoke this Limited Power of Attorney at anytime by giving written notice to my Attorney-in-Fact. My Attorney-In-Fact and all persons dealing with him/her may rely on this Limited Power of Attorney, unless I revoke it. I will hold my Attorney-In-Fact harmless from liability for acts done in good faith under this Limited Power of Attorney.

Designate may act as my Attorney-In-Fact from _____ through _____

WITNESS WHEREOF I HAVE SIGNED MY NAME THIS _____ DAY OF _____, 20_____

Signature of Witness (if required by Notary)

Signature of Witness (if required by Notary)

X _____
Signature of Student

To be completed by Notary Public:

X _____
Signature of Notary

State of _____

County of _____

On this _____ day of _____ 20__ before me, the subscriber described in and who executed the foregoing power of attorney and had acknowledged to me that he/she executed the same.
My Commission Expires _____