

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 and depositing any and all disbursements of 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)

X _____
 Signature of Student

 Signature of Witness (if required by Notary)

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 _____