



POWER OF ATTORNEY

Program: _____ **During:** Fall ____ Spring ____ Summer ____
(SP/FA Semester or Academic Year Program) (Indicate Year)

I, _____ ID# @ _____
(Student's Name)

hereby authorize _____ to endorse and accept any check
(Authorized Person's Name)

payable in my name, or to act on my behalf in any school-related matters while I am studying abroad.

Valid Until: End of Study Abroad Program Stated Above

Authorized Person's Information:

Street Address Apt#

City State Zip Telephone (____) _____ - _____

Authorized Person's Signature: _____ **Date:** ____/____/____

Relationship to Student: _____

Student's Signature: _____ **Date:** ____/____/____
(To be signed in front of a notary public)

NOTARY AUTHORIZATION:

VENUE: State of: _____ County of: _____

JURAT:

Subscribed and sworn to before me this _____ day of _____

By: _____

Notary's Signature: _____ **Date:** _____
(Official Seal or Stamp)