

STUDY ABROAD POWER OF ATTORNEY FORM

Ι	
(Print student name)	
extend power of attorney to:	Name
	Address
	City/St/Zip
	Phone
	Email
to endorse all loan checks and ot	her financial aid materials as need be during the
period from	to
Please sign your signature below	in the presence of a Notary Public.
Business Office - Saint Mary's 3 Campus Safety - Toner Student (Center 103A
Student's Signature	Date
Signature of Notary Public	– Notary Seal Or Stamp
Notary's commission expires	-
Return all completed application	materials to:
Sai	int Mary's University of Minnesota Study Abroad Office Saint Mary's Hall, Room 136 700 Terrace Heights #51 Winona, MN 55987-1399 Fax: (507) 457-6990
For more informat	tion visit <u>www.smumn.edu/studyabroad</u> or contact

Renee Knutson - Director Study Abroad at <u>rknutson@smumn.edu</u> or (507) 457-1447