

Limited Power of Attorney for Study Abroad

Know by all whom these presents that the undersigned,

Name: _____

Social Security Number: _____

Residing at: _____

Phone Number and Email Address: _____

Certify that I am in an approved Study Abroad Program through Michigan Technological University and do hereby make, constitute and appoint:

Name: _____

Relationship to Student: _____

Residing at: _____

Phone Number and Email Address: _____

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 (initial all that apply):

- Receive checks made payable to me for education expenses
- Sign and deposit checks made payable to me
- Sign a loan promissory note or check made payable to me
- Access information in my student account/or financial aid files
- Process banking transactions on my behalf
- Process insurance transactions on my behalf
- Pay bills on my behalf
- Other: _____

This Power of Attorney terminates on this date: _____

Signed Only in Presence of the Notary Public

(Student's Signature)

(Date)

Notary Signature, Date, and Seal