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UCSC Student's ID /Account
Number (Do not use CRUZ ID)

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UCSC Student's Last Name

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First Name

2012-2013 Power of Attorney

_____	_____	_____	_____
Student Address	City	State	Zip

_____	_____
Student Signature	Student E-mail

I, _____, do hereby appoint

_____	_____
Power of Attorney	Daytime Phone

Address

_____	_____	_____	_____
City	State	Zip	E-mail

My Attorney-in-Fact to act in my name, place and stead, in any way which I myself could do, including but not limited to the following: to affirm affidavits, sign educational loan applications and promissory notes, accept or decline offers of financial aid, endorse and negotiate any checks which I receive for educational purposes, communicate with Financial Aid and Scholarship officers regarding the status and contents of my financial aid file and application.

This Power of Attorney commences on _____ and expires on _____ ,
or ☐ until further notice.

IN WITNESS WHEREOF: I have hereunto signed my name on this date: _____ .

This form must be signed in the presence of a Notary Public.

NOTARY PUBLIC CERTIFICATION:

Original: Power of Attorney

Copies: Student, Financial Aid & Scholarship Office, Student Business Services Office

RETURN TO: UC Santa Cruz Financial Aid and Scholarship Office, 205 Hahn Student Services Building, 1156 High Street, Santa Cruz, CA 95064
Phone: (831) 459-2963 Web: financialaid.ucsc.edu. For your protection and security, please do not e-mail forms.