

## Power of Attorney

Student UCM ID \_\_\_\_\_

Student Full Name \_\_\_\_\_  
Last Name First Name M.I.

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

I \_\_\_\_\_, do hereby appoint \_\_\_\_\_ Power of Attorney

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Address  City  State  Zip Code

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 check which I receive for educational purposes, communicate with financial aid officers regarding the status and contents of my financial aid file application.

This power of Attorney commences on \_\_\_\_\_ and expires on \_\_\_\_\_  
Date Date

In WITNESS WHEREOF: I have here unto signed my name on this date: \_\_\_\_\_  
Date

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

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### NOTARY PUBLIC CERTIFICATION:

**Original: Give to Financial Aid Office**  
Copies: Student, Student Business Services