

Limited Power of Attorney – Study Abroad

I, _____, of _____,
(Student Name) (Street Address, City, State, Zip)
_____, _____
(WWU Student No.) (email address – optional)

make, constitute, and appoint the following person to serve as my true and lawful attorney for the following purposes while I am living and studying abroad (person need not be a licensed attorney):

_____, of _____,
(Person to Serve as Attorney-in-Fact) (Street Address, City, State, Zip)

(email address – optional)

1. **Powers granted.** This person is authorized to act on my behalf in the following situations (*initial each power you would like to grant*):

- _____ To sign all applications, papers, or checks relating to the application or disbursement of educational loans, grants, or other financial aid
- _____ To deposit or authorize for automatic deposit financial assistance checks
- _____ To pay bills and process banking transactions
- _____ To order official transcripts
- _____ Other _____

2. **Duration and Termination of Limited Power of Attorney.** This Limited Power of Attorney may be revoked, suspended, or terminated at any time by me in writing. Unless I earlier revoke or terminate this Limited Power of Attorney, **it expires on the following date:** _____.

3. **Effective Date and Distribution of Copies.** This Limited Power of Attorney is signed by me on the ___ day of _____, 20___, and **is effective on this date.** I authorize that copies may be made of this document when signed by me and a Notary Public, and that copies may be provided to the person to serve as my attorney-in-fact to distribute as he/she sees fit.

Student Signature (Signature must be witnessed by a Notary Public)

STATE OF WASHINGTON)
COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ signed this Limited Power of Attorney and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument. I reviewed the following identification he/she presented: _____

DATED this ___ day of _____, 20___.

Notary Public in and for the State of _____
residing at _____.
My commission expires on _____.