EAP Power of Attorney

Financial Aid Office
University of California, Santa Cruz

W								

UCSC Student's ID Number — UCSC Student's Last Name — First Name

I, ____
Student Address — City — State — Zip

______________________________ ______________________
Student Signature — Student Email

____
EAP Country — Term

I, ____, do hereby appoint

______________________________ ______________________
Power of Attorney — Daytime Phone

______________________________ ______________________
Address — City — State — Zip

____
Email

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 officers regarding the status and contents of my financial aid file and application.

This Power of Attorney commences on______________________ and expires on ______________________.
Date — Date

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 Office, Student Business Services

For your protection and security, please do not email forms.