

Limited Power of Attorney – Study Abroad

I, \_\_\_\_\_, of \_\_\_\_\_,  
(Student Name) (Street Address, City, State, Zipcode)  
\_\_\_\_\_, \_\_\_\_\_  
(WWU Student No.) (email address)

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, Zipcode)  
\_\_\_\_\_, \_\_\_\_\_  
(email address) (Telephone Number including area code)

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 \_\_\_\_\_.