FINANCIAL AID AND SCHOLARSHIP OFFICE
UC SANTA CRUZ

Click to Print

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

UCSC Student's Last Name

First Name

2019-20 EAP Power of Attorney

Student Address | City | State | Zip

Student Signature | Student E-mail

EAP Country | Term(s)

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 _____ (Date) and expires on _____ (Date),

or ☐ until I am no longer enrolled in the Education Abroad Program.

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 and 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.

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