UCSC Student's ID /Account Number (Do not use CRUZ ID)	nt's Last Name			First Name	
<b>2024-25</b> EAP	Power o	f Attorney			
Student Address		City	,	State Z	<u>Z</u> ip
Student Signature		Student E-mail			
EAP Country		Term(s)			
l,				, do hereby app	oint
Power of Attorney		Daytime Phone			
	Address				
City	State	Zip		E-mail	
My Attorney-in-Fact to act in my name, place and sto to the following: to affirm affidavits, sign educations of financial aid, endorse and negotiate any checks we Financial Aid and Scholarship officers regarding the	al loan applica hich I receive	ations and promi for educational	ssory note purposes,	es, accept or decli communicate wi	ne offers th
This Power of Attorney commences on	e	and expires on		Date	.,
or $\square$ until I am no longer enrolled in the Education	Abroad Prog	ram.			
IN WITNESS WHEREOF: I have hereunto signed my name of	on this date:		·		
This form must be signed in the presence of a Notar	y Public.				
NOTARY PUBLIC CERTIFICATION:					

Original: Power of Attorney

Copies: Student, Financial Aid and Scholarship Office, Student Business Services Office