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

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UCSC Student's Last Name

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First Name

**2022-23 EAP Power of Attorney**

Student Address	City	State	Zip
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Student Signature	Student E-mail
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EAP Country	Term(s)
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I, \_\_\_\_\_, do hereby appoint

Power of Attorney	Daytime Phone
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Address
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City	State	Zip	E-mail
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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 \_\_\_\_\_ and expires on \_\_\_\_\_,  
Date Dateor ☐ 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: Please email your completed form to [finaid.specialprograms@ucsc.edu](mailto:finaid.specialprograms@ucsc.edu).  
Phone: (831) 459-2963 Web: [financialaid.ucsc.edu](http://financialaid.ucsc.edu).