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UCSC Student's ID /Account Number (Do not use CRUZ ID)	UCSC Stu	udent's Last Name	First Name							
	2025-26 EA	AP Power	of Attorney							
Student Address			City	State Zip						
Stu	dent Signature		Student E-mail							
EAP Country	,			Term(s)						
l,				, do hereby appoi	nt					
Power of At	torney			Daytime Phone						
		Address								
City		State	Zip	E-mail						
My Attorney-in-Fact to act in r to the following: to affirm affic of financial aid, endorse and n Financial Aid and Scholarship	davits, sign education egotiate any check	onal Ioan appl s which I recei	ications and promissive for educational p	sory notes, accept or decline urposes, communicate with						
This Power of Attorney comm				Date '						
or until I am no longer enr	olled in the Educati	on Abroad Pro	ogram.							
IN WITNESS WHEREOF: I have her	eunto signed my nan	ne on this date:		··						
This form must be signed in th	ne presence of a No	tary Public.								

Original: Power of Attorney

NOTARY PUBLIC CERTIFICATION:

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