



--	--	--	--	--	--	--	--	--	--

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

UCSC Student's Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

2017-2018 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.