

UNIVERSITY of PUGET SOUND

Est. 1888

Limited Power of Attorney

This optional Power of Attorney permits you to appoint a relative or friend to act on your behalf for the limited purpose of endorsing and depositing your financial aid disbursements to your student account while you are studying abroad or are otherwise away from the campus for an extended period. If you prefer, the University will mail your checks directly to you to endorse and return to the University for deposit to your student account.

I, _____, residing in the State of _____, hereby appoint:

Name _____

Address _____

City _____ State _____ Zip _____

Relationship _____

Telephone (_____) _____

to act for me as my "attorney-in-fact" for the limited purpose of endorsing and depositing any and all disbursements of financial aid (including but not limited to loans, scholarships, and grants) for credit to my student account at the University of Puget Sound.

This Power of Attorney shall be effective from _____ to _____ (the inclusive dates of my enrollment in a study abroad program or other extended absence from the campus of the University of Puget Sound). I may revoke this Power of Attorney at any time by giving written notice to my attorney-in-fact. My attorney-in-fact and all persons dealing with him/her may rely on this Power of Attorney, unless I have revoked it. I will hold my attorney-in-fact harmless from liability for acts done in good faith under this Power of Attorney.

IN WITNESS WHEREOF, I have signed on this _____ day of _____, 20____.

Signature

Print name

Address

STATE OF _____)

) ss.

COUNTY OF _____)

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me this day, and said person acknowledged that he/she signed this instrument and acknowledged it to be his/her free and voluntary act for the uses and purposes mentioned in this instrument.

SUBSCRIBED AND SWORN to before me this _____ day of _____, 20____.

Notary Signature

Print name of Notary

NOTARY PUBLIC for the State of _____, residing at _____.

My appointment expires _____.

STUDENT FINANCIAL SERVICES