Office of Study Abroad
219 University Center
303 East Kearsley Street
Flint, MI 48502-1950
Email: studyabroad@umflint.edu
Phone: 810-762-0867 Fax: 810-762-0006

POWER OF ATTORNEY
FORM

A **Power of Attorney** is a document in which you appoint someone else to act on your behalf on matters that you specify.

Know by all men by these presents, that the undersigned,	
Student Name (first, middle, last)	Phone

Permanently residing at:		
Street Address	City, State	Zip Code

Certify that I am in an approved Study Abroad Program through the University of Michigan-Flint and do herby make, constitute, and appoint:		
Designated Name (first, middle, last)	Relationship to Student	Phone

Residing at:		
Street Address	City, State	Zip Code

My true and lawful attorney for me and in my name, place and stead, and for my use and benefit to act as my legal representative during my participation in study abroad. The hereby designated power of attorney is authorized to: (check yes or no as applicable for all items):

☐ Yes	☐ No	Sign a loan promissory note or check
☐ Yes	☐ No	Handle issues related to deposit of financial assistance
☐ Yes	☐ No	Access information in my student account and/or financial aid files
☐ Yes	☐ No	Process banking transactions such as deposits, withdrawals and transfers of money.
☐ Yes	☐ No	Pay bills
☐ Yes	☐ No	Other: _____

This Power of Attorney terminates on: _____/_____/_____
(mm) (dd) (yyyy)

IN WITNESS WHEREOF, I have hereunto set my hand and seal on: _____/_____/_____
(mm) (dd) (yyyy)

_____
Student Signature

Please provide the ORIGINAL notarized form to the Financial Aid Office. Be sure to retain a copy for your Designated Power of Attorney and for your personal files