



Power of Attorney

Office of International Programs – 145 Whitman Hall
Northern Michigan University – Marquette, Michigan USA
+ 011 (906) 227-2510 ipo@nmu.edu

Know by all men by these presents, that the undersigned, _____
Print Student Name

Social Security # Permanent phone

Permanently residing at: _____
Street Address

City State Zip Code

Certify that I am in an approved Study Abroad Program through Northern Michigan University and do hereby make, constitute, and appoint:

Designated Name/Relationship Home Phone Daytime 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 (circle 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 transferring money.
- Yes No Pay bills
- Yes No Other: _____

This Power of Attorney terminates on: ____/____/____
Date

IN WITNESS WHEREOF, I have hereunto set my hand and seal on:

____/____/____ _____
Date Student Signature

Please provide the ORIGINAL notarized form to the Financial Aid Office. Remit copies to the Financial Services Office. You may also wish to leave a copy in your student file at the International Affairs Office. Be sure to retain a copy for your Designated Power of Attorney and for your personal files.