

**Overseas Programs  
POWER OF ATTORNEY**

**Check appropriate option:**

- Spring semester program
- Fall semester program
- Full academic year program
- Summer program

I, \_\_\_\_\_ hereby make, constitute and  
(Student's Name)

appoint \_\_\_\_\_ my true and lawful attorney in fact  
(Name of Non-WU Appointee)

to receive, endorse and deposit federal Stafford Loan (GSL/USL) checks made payable to me and to forward said checks to Washington University to pay my tuition, room, board or other University charges or fees.

And

Appoint Washington University my true and lawful attorney in fact to receive, endorse and deposit checks made payable to me and forward them to Washington University, Student Financial Service, to pay my tuition, room, board or other University charges or fees.

Mailing address of appointee:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(Dated: month, day, and year)

\_\_\_\_\_  
(Student's Signature)

SSN: \_\_\_\_\_

NOTARIZATION OF SIGNATURE

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_,

before me, \_\_\_\_\_, a Notary Public in and for said  
(Name of Notary)

state, personally appeared \_\_\_\_\_, known to me to  
(Name of Student)

be the person who executed the above specific power of attorney, and acknowledged to me that (s)he executed the same for the purpose stated therein.

\_\_\_\_\_  
(Notary Public)

**Return this form to:**

Washington University, Student Financial Services  
One Brookings Drive Campus Box 1041  
St. Louis, MO 63130-4899