

## Special Power of Attorney

I, \_\_\_\_\_ of \_\_\_\_\_ certify that I am in an  
Student Name Full Address (city, state, zip, county)  
approved Duquesne University Study Abroad Program and do hereby appoint \_\_\_\_\_ of  
Name of attorney in fact  
\_\_\_\_\_ as my attorney in fact to act in my place during my participation  
Full address (city, state, zip, county)

in study abroad. The hereby designated power of attorney is authorized to:

yes	no	to sign an Educational Loan check
yes	no	to handle issues related to deposit of financial assistance
yes	no	to access information in my student account and/or financial assistance files
yes	no	to process banking transactions
yes	no	to pay bills
yes	no	to make decisions on my behalf in the event I am not able to do so

This power of attorney will become effective on \_\_\_\_\_ and will terminate on \_\_\_\_\_  
Date Date

provided, however, that this Special Power of Attorney is revocable by me at any time.

Executed on \_\_\_\_\_ at \_\_\_\_\_  
Date City, State

Signature

Printed Name

### Acknowledgement

State

County

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared  
Date Name and title of officer taking acknowledgment

\_\_\_\_\_ personally known to me *or* proved to me on the basis of satisfactory evidence  
Name

to be the person whose name is subscribed to the within instrument, and acknowledged that (s)he executed the same for the purposes therein contained.

In witness whereof, I here unto set my hand and official seals.

\_\_\_\_\_, Notary Public

### Agent's Acknowledgment

I, \_\_\_\_\_, have read the attached power of attorney and am the person identified as the agent for the principal. I hereby acknowledge that in the absence of a specific provision to the contrary in the Power of Attorney or in 20 PA C.S. when I act as agent:

I shall exercise the powers for the benefit of the principal.  
I shall keep the assets of the principal separate from my assets.  
I shall exercise reasonable caution and prudence.  
I shall keep a full and accurate record of all actions, receipts, and disbursements on behalf of the principal.

\_\_\_\_\_  
Agent

\_\_\_\_\_  
Date