	FINANCIAL AID MANUAL	NUMBER Section III	PAGE# App 8
SECTION	SELF Loan Program	DATE July	2015

## Minnesota Office of Higher Education 1450 Energy Park Drive, Suite 350, St Paul, MN 55108-5227

## POWER OF ATTORNEY - SELF Program

I,				
(Print Borrower's Name)	(Address)	(City)	(State)	(Zip)
do hereby appoint:				
(Print Name)	(Address)	(City)	(State)	(Zip)
to act on my behalf.				
In my absence, I want the above named	individual to:			
<ol> <li>Borrow money on my behalf through the Endorse check(s) made payable to Make sure my school account, if a surface of the Endorse the Endor</li></ol>	me and to the school by the Siny, is credited with the proceed g school charges, make sure the on account at the school for needs to me.	ELF Program* (funds in the loan; at the school either (ch	nay be disbursed ele	
This power of attorney shall end in the	event of my disability.			
This power of attorney does not author Loan proceeds to himself or herself.	ize the above named individual	I to whom I have given	power to act on my	behalf to transfer my SEL
This power of attorney shall end with the calendar year after the date written about			e loan period used or	n the application, or one
In witness of the above statement, I sig	n my name, this day of _		,	
		(Borrower's	Signature)	
		(Signature o	f Person Given Powe	er)
Subscribed and sworn before me this _	day of			
	,			
(Signature of Notary Public)				

<sup>\*</sup>School is instructed to attach a copy of this form to the check at the time the check is negotiated and sent to the bank for payment.