Office of Student Financial Aid
One University Boulevard
327 Millennium Student Center
St. Louis MO 63121-4499
Telephone: 314-516-5526
Fax: 314-516-5408

Power of Attorney

STATE OF)
) ss:
COUNTY OF)

KNOW YE ALL MEN BY THESE PRESENT,

That I, _____, of

_____
Street Address Apt. No City State Zip

do hereby make, constitute and appoint _____, of

_____,
Street Address Apt. No City State Zip

as my true and lawful Attorney-in-Fact, for me and in my name, place and stead to: conduct all financial and business matters.

I further give and grant to my said Attorney-in-Fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, with full power of substitution and revocation, hereby ratifying and confirming all that my said Attorney-in-Fact shall lawfully do, or cause to be done by virtue thereof.

This instrument may not be changed orally.

IN WITNESS WHEREOF, I have hereunto set my hand and seal this _____ day of _____ 20_____

(Signed) _____

CERTIFICATE OF NOTARY

STATE OF)
)
COUNTY OF)

On this _____ day of _____, 20 _____, before me personally came and appeared executed the forgoing instrument, and who duly acknowledged to me that he/she executed the same for the purpose therein contained.

IN WITNESS WHEREOF, I hereto set my hand and official seal.

_____, Notary Public

My commission expires: _____