Limited Power of Attorney

_____ _____
Student Please print name Social Security #

KNOW ALL MEN BY THESE PRESENTS, That I, _____, a student at Trinity College, Hartford, Connecticut have made and by these presents do make, constitute and appoint _____, known to me as _____ (relationship) my true and lawful attorney-in-fact, for me and in my name and stead to do and act in all ways and manner as I would myself to execute any and all documents necessary to validate and process my Title IV aid and/or Trinity Loans and to credit the amount of my financial aid proceeds to my student account at Trinity College hereby ratifying, confirming, and adopting all that my said attorney-in-fact shall lawfully do by virtue hereof.

WITNESS my hand and seal at _____, _____ this _____ day of _____, 200 ___.
City State

_____
Legal Signature of Student

In the presence of:

_____
Witness signature

_____
Witness name (please print)

STATE OF CONNECTICUT)
) ss. _____ Date _____
COUNTY of _____) Town or City

Personally appeared _____, the signer of the foregoing instrument, and acknowledged the same to be her/his free act and deed, before me.

_____
Notary Public / Justice of Peace / Commissioner Of Superior Court

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Transfer of Financial Aid

I, _____ give Trinity College permission to transfer my financial aid to
Student Please print name

_____ to cover my educational expenses for the _____.
Name of program/host institution Term Year

_____ _____
Legal Signature of Student Date

Remaining credit balance should be forwarded to: _____
Name

_____
Address

_____