

Limited Power of Attorney

State of North Carolina, County of _____

I, _____, the undersigned, hereby appoint
_____, my attorney-in-fact for me and give such person
full power to act in my name, place and stead in any way which I myself could do if I were personally present
with respect to the following matters to the extent that I am permitted by law to act through an agent.

- 1. To endorse federal educational financial aid checks in my name.
- 2. To endorse checks of my home university in my name.
Name of my home university: UNC Asheville
- 3. To sign promissory notes in my name.

I also give to such person full power to appoint another to act as my attorney-in-fact and full power to revoke such appointment. **Federal regulations effectively prohibit a student from naming any school official as their attorney-in-fact under a power of attorney.**

Donor's Name (your name) _____

Donor's Address _____

This limited Power of Attorney shall expire on _____, 20_____

Dated _____, 20_____

Name of Power of Attorney _____

Address of Power of Attorney _____

Daytime phone _____

Student Signature _____

State of North Carolina, County of _____

On this _____ day of _____, 20_____, personally appeared before me, the said
named _____ to me and known to me to be the person
described in and who executed the foregoing instrument and he/she acknowledged that he/she executed the
same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My Commission Expires: _____

Notary Public