



LIMITED DURABLE POWER OF ATTORNEY

I, _____ (“principal”), Social Security Number _____

Hereby appoint Texas A&M Commerce as Principal’s Agent to act for Principal in any lawful way with respect to financial aid disbursements and transactions as specified below with Texas A&M University – Commerce.

Principal agrees that A&M Commerce may act under this Limited Power of Attorney upon receipt of a signed copy thereof. Principal agrees to indemnify A&M Commerce for any claims that arise against it because of the reliance on this Power of Attorney. This Power of Attorney is effective for the dates or purpose as shown below.

Signature of Principal: _____

Printed Name : _____

Date : _____

Address: _____

City & State: _____

Telephone: _____

Program: _____

OFFICE USE:

Scholarship \$ _____ **Financial Aid \$** _____

Amount due \$ _____ **to** _____

Paid to institution: Date _____ **Amount** _____

Check # _____