

LIMITED POWER OF ATTORNEY

I hereby appoint the Director of Student Financial Services my legal attorney for the sole purpose of endorsing checks made payable to me from a lender or scholarship donor. Representing proceeds of grants, scholarships and/or loans for my educational expenses at Dartmouth College, Student Financial Services will deposit the checks as a credit to my student account.

By signing below I acknowledge and understand the terms of this Limited Power of Attorney.

Student's name (please print)

Dartmouth ID#

Social Security Number

Student's signature

Dartmouth College
Office of Financial Aid
6024 McNutt Hall
Hanover NH 03755
FAX # 603-646-1414