STATE OF GEORGIA
COUNTY OF FULTON

POWER OF ATTORNEY

I,_____, do hereby make, constitute and appoint

_____ at _____

_____to be my true and lawful attorney-in-fact, for me, and in my name, place and stead, and for my use and benefit, giving and granting unto said attorney-in-fact full and complete power and authority to do and execute all or any of the following acts, deeds and things;

1. To take, possess and deposit into my bank account any and all notes, student aid, student loans, grants, scholarship checks, negotiable or non-negotiable; and

2. To use property defined in paragraph 1. above for any outstanding obligations or debts owed to the Georgia Institute of Technology ("GIT") pursuant to any prior written agreement entered into between myself and the GIT;

3. To sign, endorse, assign and execute any instruments of whatever kind or nature as may be necessary to use the property defined in paragraph 1. above to accomplish the depositing or satisfying of any obligations to GIT;

4. This Power of Attorney shall terminate upon my subsequent disability, incompetency or incapacity. This Power of Attorney shall be in full force in effect beginning on the time of my departure from the United State of America on _____,20____, and ending immediately upon my return to the United States of America thereafter;

I further give and grant unto my attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise any of the foregoing powers as fully as I might or could do if personally present, I hereby ratify and confirm all that my attorney-in-fact shall lawfully do or cause to be done by virtue hereof.

_____ _____
SIGNATURE PRINT SIGNATURE

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

_____ _____(seal)
WITNESS

Sworn to and subscribed before me this_____day of_____, 20 _____.

_____
NOTARY PUBLIC