

**Power of Attorney  
For**

POA\_Std 1-2-2004

Name	Social Security #	City	County	State	Country
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Know all Men by these presents, that I, the above named principal, being over the age of eighteen (18) years and sui juris, and intending to be legally bound hereunder, have made, constituted and appointed, my

Relationship of designated person 1	Name of Person	City	State	Country
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Relationship of designated person 2	Name of Person	City	State	Country
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to serve as my Attorney-in-Fact, (hereinafter, Attorney-in-Fact sometimes referred to as "Attorney"), commencing on \_\_\_\_/\_\_\_\_/\_\_\_\_ and terminating on \_\_\_\_/\_\_\_\_/\_\_\_\_.  
M D Y M D Y

*If more than one person is appointed to act on your behalf and you want any one of them to have the power to act alone without the signature of the other, check the following box and initial in the space provided . \_\_\_\_\_ **If this box is not checked and initialed and more than one person is named to act on on your behalf, then they must act jointly.***

My Attorney-in-Fact shall have the power to act in my name, place and stead, and for my use, to act in, manage and conduct the following enumerated legal, business and financial affairs, as fully and effectively in all respects as I myself could do if personally present to the extent permitted by law.

1. To make, execute and file any and all tax returns upon personal real estate, income, and any other tax that may be levied or imposed by any lawful authority, and to settle, compromise or pay the same or to collect any and all refunds or repayments thereof.
2. To obtain replacements of any official document such as a passport, driver's license, ID card, credit or debit cards, or any other document that has been lost or stolen while the principal is outside the U.S.
3. To have authority to pick up any checks issued to me from any source, and to deposit such checks in my personal checking account or endorse for payment or cash such checks at any financial institution.
4. To have full and complete access to all my transcripts and records maintained by New Mexico State University or any other university I have attended.
5. To pay tuition and fees and any other obligations owed to New Mexico State University or any other institution providing study abroad programs in the course of my attendance and enrollment in that institution.
6. To handle any additional legal or financial affairs that I may designate in a letter of authorization issued to the Attorney-of-Fact with my signature and the signature of a witness.

No action by me, subsequent to the making of this instrument, doing in person any act or acts herein authorized to be done, shall be considered or treated as a revocation hereof. The exercise by my said Attorney at any time, of any of the rights or powers hereunder shall not exhaust the capacity and power thereafter, to exercise such rights and powers, or any of them, but such capacity and power shall continue at all times so long as this instrument shall be in effect. This Power of Attorney shall continue in full force and effect during the period specified or when due notice of revocation shall have been given by me in writing; and I exonerate from liability and agree to indemnify against loss, any person or corporation, for any act taken in reliance hereon, without notice or knowledge of revocation.

I do hereby, for myself, my heirs, executors, and administrators, ratify and confirm and agree to ratify and confirm whatsoever my said Attorney shall do by virtue of these presents.

This Durable Power of Attorney shall not be affected by any disability or incapacity of the Principal, but will terminate upon the death of the Principal unless the Principal has revoked it prior to his/her death.

\_\_\_\_\_  
Signature of Principal Granting Power of Attorney  
(Sign in presence of Notary Public)

State of \_\_\_\_\_ Subscribed and sworn before me this \_\_\_\_\_  
 County of \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Notary Public Signature:	My commission expires:
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