

REVOCATION OF POWER OF ATTORNEY for Alberta Student Aid Instruction Sheet for Students

What is Revocation of Power of Attorney?

If you have assigned **Power of Attorney** authorizing someone else to have access to or to act on your behalf in regard to your personal information with Alberta Student Aid and/or on matters concerning your student aid including all Alberta student loans cashed through the Alberta Student Aid Service Centre and grants made for educational purposes, the Power of Attorney remains in effect for five years from the date you sign it, or until it is terminated in accordance with clause 4 of the Power of Attorney. If you decide to revoke (cancel) your Power of Attorney, you must give written notice to your appointed attorney and Advanced Education. If you do not advise your attorney that you have revoked the Power of Attorney, you may be held responsible for the acts of your attorney.

Once you have revoked the Power of Attorney and informed your attorney, the attorney can no longer rely on the Power of Attorney. If your attorney continues to act on your behalf, the attorney may be held personally responsible for the attorney's acts.

Key definitions to help you fill out the form correctly

Who is the “donor”? The “donor” is you, the student. You must revoke the Power of Attorney in writing and you must be mentally capable of understanding the nature and effect of the revocation on the date it is signed. If you are physically unable to sign the revocation, another person may sign on your behalf at your direction, and in the presence of both yourself and the witnesses. Your attorney or the spouse or adult interdependent partner of the attorney cannot sign on your behalf.

Who is the “attorney”? The “attorney” is the person you designated and authorized to act on your behalf.

Who is the “witness”? The “witness” can be anyone except for the following:

- A person under the age of 18 years of age;
- The person designated as your attorney;
- The spouse or adult interdependent partner of the person designated as your attorney;
- The person, or the spouse or adult interdependent partner of the person, signing the Revocation of Power of Attorney on your behalf if you are physically unable to sign the Revocation of Power of Attorney; or
- You, your spouse or adult interdependent partner, your child or person treated as your child.

Easy steps to complete the Revocation of Power of Attorney form

1. **To complete a fillable form:** 1. Save to your desktop. 2. Complete form. 3. Save final. Check, then submit. Never complete in a browser.
2. Complete the donor's name and address. (Your legal name and address.)
3. Complete the attorney's name and address. (This is the person you designated and authorized to act on your behalf.)
4. Sign the Revocation of Power of Attorney form in the presence of two witnesses (see above restrictions on who can be a witness).
5. Have both witnesses sign and complete the Revocation of Power of Attorney form in your presence and each other's presence.
6. Make photocopies of the form and distribute as follows:
 - a) The original copy to your attorney.
 - b) Keep one copy for your records.
7. Submit the form to Alberta Student Aid:
 - **Send documents electronically:** 1. Visit studentaid.alberta.ca 2. Sign in to your account 3. Submit securely using Upload Electronic Document(s).
 - **Or mail to:** Alberta Student Aid, PO Box 28000 Stn Main, Edmonton AB T5J 4R4

Questions?

If you have any questions about the use or effect of this document, you should seek the advice of a lawyer who can advise you about the validity and the consequences of using this document.

This Revocation of Power of Attorney has been prepared for your convenience and the Government of Alberta makes no representation whatsoever about the form, usability, or validity of this Revocation of Power of Attorney. For general questions with respect to submission of this document, contact the Alberta Student Aid Service Centre toll free at 1-855-606-2096 from anywhere in North America.

REVOCATION OF POWER OF ATTORNEY for Alberta Student Aid

This **REVOCATION OF POWER OF ATTORNEY** is given by me,

_____ (Full legal name of the student, the "Donor")

of _____ (Address)

1. **Revocation:** I revoke the Power of Attorney for Alberta Student Aid previously given by me on the

_____ day of _____, 20_____, appointing
(day) (month) (year)

_____ of _____ (Address)
(Full legal name of the attorney, the "Attorney")

as my lawful attorney to do anything on my behalf that I may lawfully do by an attorney in respect of all student loans, grants and other financial assistance made available to me for educational purposes by Her Majesty the Queen in right of Alberta as represented by the Minister of Advanced Education ("Alberta Student Aid"), but which excluded the signing and submission of any Application for Student Financial Assistance to Alberta Student Aid and also excluded the signing and submission of any Master Student Financial Assistance Agreement – Alberta.

2. **Representations and Warranties:** I represent and warrant to Alberta Student Aid that I have the mental capacity to understand the nature and effect of this Revocation of Power of Attorney.

3. **Indemnity:** I indemnify and hold harmless Alberta Student Aid, and its directors, officers, employees and agents, against any and all claims, losses, liabilities and expenses (including legal costs on a solicitor and client basis) that Alberta Student Aid incurs in any way relating to its actions under, or in reliance upon, this Revocation of Power of Attorney.

This Document has been **signed and delivered** by the **Donor** (Student) named in this Revocation of Power of Attorney in the **presence of two Witnesses**:

Signature of Donor (Student) revoking the Power of Attorney

<i>X SIGN HERE</i>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center; font-size: small;">Day</td> <td style="width: 33%; text-align: center; font-size: small;">Month</td> <td style="width: 33%; text-align: center; font-size: small;">Year</td> </tr> <tr> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> <td style="text-align: center;"> _ _ </td> </tr> </table>	Day	Month	Year	_ _	_ _	_ _
Day	Month	Year					
_ _	_ _	_ _					

Alberta Student Number (mandatory) (obtained from Alberta Transcript of High School Achievement)

Signed by two Witnesses in the **presence** of the **Donor** (Student):
(For Witnessing Requirements, see "Who is the 'Witness'?" on the instruction sheet attached to this form)

By signing below, each Witness confirms that they are eligible witnesses as described in the attached instruction sheet.

Signature of First Witness

X SIGN HERE

Day	Month	Year
_ _	_ _	_ _

Print full legal name and address of First Witness

Signature of Second Witness

X SIGN HERE

Day	Month	Year
_ _	_ _	_ _

Print full legal name and address of Second Witness