

Limited Power of Attorney

This is a Limited Power of Attorney and Permission letter for Students Alumni Counseling Center to communicate with all parties involved with my Federal Student Loans.

I, expressly authorize Students Alumni Counseling Center, its agents and representatives (hereinafter SACC) permission to communicate with all parties involved with my Federal Student Loans for the purpose of assisting SACC in carrying out its obligations pursuant our Agreement. I understand and agree that this authorization does not represent an engagement for legal services, nor does it expand the scope of SACC obligations under our Agreement. It is solely to permit SACC to communicate with all parties involved with my Federal Student Loans, to whom I understand and agree I remain primarily obligated.

As such, Instruct and authorize Students Alumni Counseling Center

1. To all extents that I am permitted myself to do so, communicate with banks, creditors, financial institutions, licensed collection agencies, and all other related entities and individuals relating to my federal Student Loans and the specific obligations that SACC has undertaken pursuant to.
2. Communicate, negotiate, and settle debts with my permission, assuming I have met all my obligations under the Agreement. I assert that all of the information that I have provided and will provide SACC is accurate, timely, and correct.
3. I understand and agree that SACC is not authorized nor will I request or accept, any legal advice relating to my personal financial situation. All communications between my creditors, the parties listed above and SACC is not a law firm, is not licensed to practice law or provide legal advice, and I expressly agree to waive, forgo, indemnify and defend any claim by applicant against SACC relating to the practice of law. I understand that any creditor or collection activity, demands, or lawsuits are unrelated to my enrollment in the program.
4. In accordance with Section 805 (b) of the Fair Debt Collection Practices Act, I hereby authorize third party communication from any and all creditors, collection agencies, or other third parties to communicate directly with SACC concerning my account or the collection activities associated with it.

Applicant Signature:	<i>Kathy Mann</i>
Applicant Name:	Kathy Mann
Date:	3/18/2021