

**STATE OF TEXAS**  
**LIMITED POWER OF ATTORNEY – FORM A**

I, \_\_\_\_\_, agree that the held warrant(s) marked on this notice be applied as payment toward my liability to the State of Texas. I further understand that if no warrant is marked, the state agency has authority to apply any and all warrants toward this liability. This limited power of attorney shall not terminate on my disability.

Witness my hand on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(day) (month) (year)

**sign  
here** ► \_\_\_\_\_

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**sign  
here** ► \_\_\_\_\_

(Notary Public)

Name and address of notary if not included within notary seal.

(Affix  
Notary Seal  
here)

Print name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Telephone number: (\_\_\_\_\_) \_\_\_\_\_  
(Area code)

Return to: Texas Higher Education Coordinating Board  
P.O. Box 12788  
Austin, Texas 78711

If you have questions, please call  
1-800-242-3062 (Outside Austin)  
512-427-6340 (Local)