



8094 Plantation Drive  
West Chester, OH 45069  
P: 513-755-0169  
F: 513-755-0179  
www.intlacademy.org

## Ohio Limited Power of Attorney

BE IT ACKNOWLEDGED that I, \_\_\_\_\_, of

\_\_\_\_\_, the undersigned, do hereby grant a limited and specific power of attorney to **El-Sewedy International Academy of Cincinnati**, of

8094 Plantation Dr. West Chester, OH 45069

513-755-0169

Address

phone

as my attorney- in fact.

Said attorney-in-fact shall have full power and authority to undertake and perform only the following acts on my behalf:

Sign the EdChoice Checks 2023-2024 school year

The authority herein shall include such incidental acts as are reasonably required to carry out and perform the specific authorities granted herein.

My attorney-in-fact agrees to accept this appointment subject to its terms, and agrees to act and perform in said fiduciary capacity consistent with my best interest, as my attorney-in-fact in its discretion deems advisable.

This power of attorney is effective upon execution. This power of attorney may be revoked by me at any time, and shall automatically be revoked upon my death, provided any person relying on this power of attorney shall have full rights to accept and reply upon the authority of my attorney-in-fact until in receipt of actual notice of revocation.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

State of Ohio County of \_\_\_\_\_

This document was acknowledged before me on \_\_\_\_\_ (Date),

\_\_\_\_\_

Signature of Notary \_\_\_\_\_ My commission expires: