

COMMONWEALTH OF PENNSYLVANIA
GOVERNOR'S OFFICE
PENNSYLVANIA HUMAN RELATIONS COMMISSION

In the matter of:

Case No.:

Appearing on Behalf of:

POWER OF ATTORNEY

I, _____, being duly sworn according to law, hereby certify that I am aware that _____ is not licensed to practice law in the Commonwealth of Pennsylvania, and I hereby authorize him/her to represent me in the above-referenced case before the Pennsylvania Human Relations Commission.

Signature

Name (Printed)

P.O. Address

City, State, and Zip Code

Telephone (including area code)

Date

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public

My Commission expires: _____