



3038 Evans Mill Road
Lithonia, GA 30038

Sponsorship Authorization

I agree to pay the following for _____:
Printed student name

Fees

All Tuition

Partial tuition scholarship of \$ _____ per class / credit hour
Circle one

This sponsorship will expire on the date of _____

Sponsor Information:

Name: _____

Address: _____

Phone #: _____

Email: _____

Printed sponsor signer's name

Sponsor signature

Date

I, _____, Student ID Number _____,
authorize Luther Rice College and Seminary to invoice the sponsor listed above.

Student signature

Date

Contact the Luther Rice Student Accounts Office for information pertaining to Sponsorship Authorizations.

Phone: 770-484-1204 ext.5752 Fax: 678-990-5388 Email: StudentAccounts@lutherrice.edu