

**Lincoln Trail College**  
**11220 State Hwy 1**  
**Robinson, IL 62454**  
**618-544-8657    www.iecc.edu/ltc**

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**STUDENT AUTHORIZATION FOR  
DIRECT HOUSING RENTAL PAYMENT**

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

FALL PAYMENT AMOUNT\*: \$ \_\_\_\_\_ SPRING PAYMENT AMOUNT\*: \$ \_\_\_\_\_  
*(Enter ONLY the maximum amount you want deducted each term from your aid excluding scholarships that may pay first)*

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I HEREBY REQUEST AND AUTHORIZE THAT LINCOLN TRAIL COLLEGE PAY STATESMEN RENTALS, LLC FOR ANY RENT AND FEES DUE STATESMEN RENTALS, LLC. I HEREBY AUTHORIZE THAT ANY AMOUNTS DUE STATESMEN RENTALS, LLC BE DEDUCTED FROM MY FEDERAL STUDENT AID FUNDS RECEIVED BY LINCOLN TRAIL COLLEGE. IT IS MY UNDERSTANDING AND AGREEMENT THAT LINCOLN TRAIL COLLEGE WILL DEDUCT RENTAL AND FEE AMOUNTS DUE FROM MY FEDERAL STUDENT AID PAYMENT AND THAT LINCOLN TRAIL COLLEGE SHALL THEN SEND THIS AMOUNT TO STATESMEN RENTALS, LLC ON MY BEHALF.

**\*Also, I understand the above PAYMENT AMOUNT is only an estimate. The actual payment to Statesmen Rentals, LLC by Lincoln Trail College on my behalf will not exceed my federal student aid amount disbursed to my IECC account and only after all IECC charges are paid in full. Any unpaid housing expenses are my responsibility.**

**RELEASE OF INFORMATION**

As a student at Lincoln Trail College, I authorize release of information regarding my financial aid status and award amount to *Statesmen Rentals, LLC*. If I wish to cancel this Release of Information authorization, I understand I must notify the Lincoln Trail College Business Office in writing.

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Student ID# (Required)**

Staff Use Only: Any payment deducted shall be entered into the student's account as "Housing Pass Thru". This authorization form shall be used as the invoice to pay STATESMEN RENTALS, LLC on behalf of the student. Funds withdrawn through this authorization will be placed in the "Housing Pass Thru LTC" account.

*An Illinois Eastern Community College (IECC)*



**LTC BUSINESS OFFICE USE ONLY:**

Term	Payment Process Date	Payment Amount	Remaining Amount Due
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____