



Office of Student Financial Assistance

366 Luna Dr. • Las Vegas, NM 87701

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**2013 - 2014
STUDENT FINANCIAL ASSISTANCE
POLICY CERTIFICATION**

STUDENT'S NAME: _____ SSN or LCC ID: _____
(Print)

By my signature below, I certify that the LCC Office of Student Financial Assistance has informed me of the following policies and publications:

- SATISFACTORY ACADEMIC PROGRESS POLICY**
- RETURN OF TITLE IV FUNDS POLICY**
- CAMPUS SECURITY REPORT/ DRUG FREE AWARENESS POLICY**

I am aware that I must review these policies at <http://www.luna.edu/financial-aid/> or obtain a hard copy from the Office of Student Financial Assistance.

Student's Signature

Date

WARNING:
If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.