



Office of Student Financial Assistance

366 Luna Dr. • Las Vegas, NM 87701

Phone: (505) 454-2500 or 1-800-588-7232 • Fax: (505) 454-2539 • Email: finaid@luna.edu

2013 - 2014

**STUDENT FINANCIAL ASSISTANCE
WITHHOLDING AUTHORIZATION**

I, _____, authorize Luna Community College (LCC) to apply my financial aid funds whether they are federal, state, institutional and/or other sources of financial assistance towards any charges posted to my student account. I understand that “charges” include: **Tuition, Fees, Books, Supplies, Cafeteria Charges, and any other approved institutional charges** that are related to my attendance at Luna Community College. I understand that all charges will automatically be deducted from my financial aid, and in the event that any amount exceeds my charges, I will become eligible for a refund. I further understand that I am responsible for paying in full all charges owed to Luna Community College, and failure to meet payment deadline(s) will result in a hold on my registration, academic records and all academic activities. In addition, I further agree to pay all costs of collection, including reasonable attorneys’ fees, and interest on the balance at the statutory rate.

I understand that this authorization form is voluntary and valid from the date of signing throughout the entire academic year, and can be cancelled at any time.

Student Name (*Print*)

Student ID/SSN

Student Signature

Date

To rescind or modify this authorization, please submit a written request to:
Office of Student Financial Assistance
366 Luna Dr.
Las Vegas, NM 87701

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