



Office of Student Financial Assistance

**2014-2015
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.*

Submit this worksheet to the Financial Aid Office at Luna Community College, 366 Luna Dr., Las Vegas, NM 87701.
Fax to (505) 454-2539 or scan and email to finaid@luna.edu. You should make a copy for your records.