



OFFICE OF STUDENT FINANCIAL ASSISTANCE
366 Luna Drive • Las Vegas, NM 87701
(505) 454-2560 • (800) 588-7232 ext. 1036 • FAX: (505) 454-2539 • EMAIL: finaid@luna.edu

**2016-2017
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.