



**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](mailto:finaid@luna.edu)**

**2016 - 2017**

**WITHHOLDING AUTHORIZATION**

I, \_\_\_\_\_, authorize Luna Community College (LCC) to apply my financial aid funds whether they are federal, state, and 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

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

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