



2017-2018 Policy Certification

FINANCIAL AID OFFICE

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

Please read the entire form, complete ALL sections, and return to the Financial Aid Office. By law, Luna Community College has the right to request this information before awarding financial aid. *Incomplete worksheets and documentation will cause delays in processing your financial aid. No determination of aid eligibility can be made until all documents are received and reviewed.* **Warning: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.**

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