



2017-2018 Withholding Authorization

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.**

I, _____, authorize Luna Community College (LCC) to apply my financial aid funds, whether they are federal, state, institutional, or from other sources 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:
The Financial Aid Office
366 Luna Dr.
Las Vegas, NM 87701