



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

2024-2025 Identity & Statement of Educational Purpose

 Print Student's Name

 LCC ID #

 Student's LCC Email Address

 Student's Phone Number (include area code)

Identity and Statement of Educational Purpose (To Be Signed at the Institution)

The student must appear in person at Luna Community College to verify his or her identity by presenting an unexpired valid government-issued photo identification (ID), such as, but not limited to, a driver's license, other state-issued ID, or passport. The institution will maintain a copy of the student's photo ID that is annotated by the institution with the date it was received and reviewed, and the name of the official at the institution authorized to receive and review the student's ID.

In addition, the student must sign, in the presence of the institutional official, the Statement of Educational Purpose provided below.

Statement of Educational Purpose

I certify that I _____ am the individual signing this Statement of Educational
 (Print Student's Name)

Purpose and that the Federal student financial assistance I may receive will only be used for educational purposes and to pay the cost of attending Luna Community College for 2024-2025.

 Student's Signature

 Date

School Official's Certificate of Acknowledgement

Government-Issued Photo ID Used: _____

Expiration Date of Government-Issued Photo ID: _____

Name of School Official Receiving Documents: _____

Signature of School Official _____

Date Documents are being Received: _____