

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

2020-2021 Withholding Authorization

Date

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,
	, or from other sources towards any charges posted to my student account. I
understand that "charges" include: <i>Tuition, F</i>	Fees, Books, Supplies, Cafeteria Charges, and any other approved institutional
charges that are related to my attendance at	lem:lem:lem:lem:lem:lem:lem:lem:lem:lem:
deducted from my financial aid, and in the evo	ent that any amount exceeds my charges, I will become eligible for a refund. I
·	paying in full all charges owed to Luna Community College, and failure to meet
	my registration, academic records and all academic activities. In addition, I
	luding reasonable attorneys' fees, and interest on the balance at the statutory
rate.	
I understand that this authorization form is vo	pluntary and valid from the date of signing throughout the entire academic year,
and can be cancelled at any time.	
Student Name <i>(Print)</i>	LCC ID #

To rescind or modify this authorization, please submit a written request to:

The Financial Aid Office

366 Luna Dr.

Las Vegas, NM 87701

Student Signature