

Loan Discharge Acknowledgment

The National Student Loan Data System (NSLDS) reported that you have one or more Direct Federal Student Loan(s) discharged due to a Total and Permanent Disability. This form **MUST** be completed and returned to the Financial Aid Office before your financial aid eligibility can be determined.

Terms and Conditions:

1. If you are granted a final discharge due to Total and Permanent Disability, you are not eligible to receive future loans under the Direct Loan program unless:
 - a. You complete and sign Section I of this form acknowledging that the new loan cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is awarded, unless your condition substantially deteriorates so that you are again totally and permanently disabled (AND)
 - b. Your physician completes and signs Section II of this form acknowledging that you are able to engage in substantial gainful activity.
2. If you are granted a conditional discharge based on Total and Permanent Disability and you request a new Direct Loan during the conditional discharge period, you are not eligible to receive a new loan unless:
 - a. You resume payments on the old loan before the receipt of the new loan. If the loan is defaulted, the loan remains defaulted, and you must make satisfactory payment arrangements prior to receiving a new loan.
 - b. You complete and sign Section I of this form acknowledging that the new loan cannot be discharged in the future on the basis of any injury or illness present at that time the new loan is awarded, unless your condition substantially deteriorates so that you are again totally and permanently disabled (AND)
 - c. Your physician completes and signs Section II of this form acknowledging that you are able to engage in substantial gainful activity.

Section I – Borrower Acknowledgment (To be completed by the borrower/student.)

****Borrower acknowledgment must be completed each year.**

By signing this form, I _____ acknowledge that I have read and understand the
 (Print Name)
 terms and conditions listed above. I understand that the new loan cannot be discharged in the future on the basis of any injury or illness at the time of the new loan unless my condition substantially deteriorates so that I am again totally and permanently disabled.

 Borrower/Student Signature

 Date

 Student ID/Star ID

Section II – Physician’s Certificate Statement (To be completed by certifying physician.)

I certify that the above-named person has been examined and has improved sufficiently to allow the patient/borrower to engage in substantial gainful activity. Substantial gainful activity means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

 Name of Physician

 Address

 Phone Number

 Signature

 Date

 License Number

 State of License