



# FINANCIAL AID & SCHOLARSHIPS OFFICE

## 2020-2021 VERIFY LOAN DISABILITY DISCHARGE FORM

This form serves to reestablish your eligibility for the Federal Student Loan Program when prior loans have been discharged due to total and permanent disability. *Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.*

### STUDENT INFORMATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### REINSTATEMENT REQUIREMENTS

In order for the Financial Aid and Scholarship Office to review your request for reinstatement into the federal student loan programs, you must complete this form.

Please indicate:

- I am interested in receiving federal loans and I am submitting my Physician Certification to verify my eligibility.
  - o You must **include with this form** a signed Physician Certification stating that you are once again able to engage in substantial gainful activity. This statement must be printed on the physician's official letterhead and be signed and dated.
- I am interested in receiving Federal loans and have a Physician Certification on file from a prior year.

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the Financial Aid Office, the U.S. Department of Education, or the holder of my loan(s).

### SIGN AND DATE THIS FORM

By signing this worksheet, I (we) certify that all the information reported to qualify for Federal student aid is complete and correct.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.