



# FINANCIAL AID & SCHOLARSHIPS OFFICE

## 2021-2022 VERIFY LOAN DISABILITY DISCHARGE FORM

**\*\*Use the *Secure Document Uploader* in Pathway to submit your forms quickly and securely!\*\***

This form serves to reestablish your eligibility for the Federal Student Loan Program and/or other federal aid programs when prior loans have been discharged due to total and permanent disability. *Completion of this form does not guarantee that you will qualify for Federal Aid 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 aid 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.
  - 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 am **NOT** interested in federal loans and would only like my eligibility reviewed for other federal aid eligibility.

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 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. Typed signatures are not valid for the purpose of submitting this form. Signatures must be handwritten.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Date

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