

OFFICE OF FINANCIAL AID & SCHOLARSHIPS

Loan Discharge Affirmation

This form is to be used by students to certify that they are now able to engage in substantial gainful activity in order to borrow additional federal student loans.

N.				
Name				
Last	First		Middle Initial	
Mailing Address				
Street/PO Box	City	State	ZIP	
Daytime Phone		ID Number		
Phone Number		Student ID Number		
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According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to total and/ or permanent disability. In order to be considered for a federal student loan, you must:

Attach written documentation from your physician (on their letterhead) indicating that you are now able to engage in "substantial gainful activity" (you are able to work and earn money)

Read and sign the Prior Loan Discharge Acknowledgement Statement below.

Prior Loan Discharge Acknowldegement Statement

I understand and acknowledge that:

The new loan I receive cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

If my discharged loans are considered to be in the conditional discharge period, I understand that neither the previous conditionally discharged loan(s) nor the new loan I receive can be discharged in the future on the basis of any injury or illness present when I applied

that I an conditio	n again to onal disch	tally and per arge status.	manently dis	abled. I also understa	new loan is made, unless mand that the conditionally d	,	,	
Enrollment period y	you want to	be considere	ed for federal sti	udent loan(s):				
Fall S	Spring	Summer						
			Year		Student Signature	Date		
Office Use Or	nly							
Dr.'s Note Sufficient	t Y/N			Decision: Approv	ved / Denied			
SAP Issues	Y / N			Notes:			Rec'd by FAO	
Complete:	Y / N						Reviewed by	
Date							Date	