

Loan Discharge Acknowledgment

Student Name: _____ Student ID #: _____

The National Student Loan Data System (NSLDS.ed.gov) indicates that you have one or more Federal Student Loans and/or TEACH Grant service obligations discharged because of a total and permanent disability. If you wish to borrow additional Federal Student Loans, this form MUST be completed and returned to the Office of Financial Aid before you will be reviewed for any financial aid eligibility.

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:
 - You complete and sign 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
 - Your physician submits an official signed letter on letterhead 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:
 - 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.
 - You complete and sign 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
 - Your physician submits an official signed letter on letterhead acknowledging that you are able to engage in substantial gainful activity.

Borrower Acknowledgment (to be completed by student borrower each year):

By signing this form, I, _____ (Print Name) acknowledge that:

1. I am applying for one or more Federal Loans for the award year: _____
2. I have read and understand the terms and conditions listed above.
3. I have attached an official signed letter on letterhead by my physician with this form.
4. I understand that the new loan cannot be discharged in the future on the basis of any injury or illness present at the time of the new loan, unless my condition substantially deteriorates so that I am again totally and permanently disabled.
5. If I request a new loan during the post-discharge monitoring period or conditional discharge period, I must resume payment on the old loan before receipt of the new loan.

Borrower/Student Signature: _____ Date: _____