Documentation of Disability Status

Student name _____ ID _____

Please complete Section 1 only if you do not want a student loan and then submit this to our office.

Section 1

I have a prior federally funded educational loan discharged due to total and permanent disability. I am seeking financial aid but do not wish to borrow a new federally funded educational loan.

Sign here only if you do not wish to obtain a new student loan:

Signature	Date

Please complete Section 2 if the loan has been fully discharged and submit this form with all applicable documentation to the Financial Aid office. To meet the requirements to qualify for a new loan, the student must:

a) provide a signed physician's statement that I may now engage in "substantial gainful activity."b) acknowledge that the new loan may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

Section 2

I have a prior federally funded educational loan discharged due to total and permanent disability. I am now seeking to obtain a new federally funded educational loan. I have attached the required physician's statement, and I hereby acknowledge that any new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

Signature

Date

<u>Please complete Section 3 if the loan has been conditionally discharged and submit this form with all applicable</u> <u>documentation to the Financial Aid office.</u> To meet the requirements to qualify for a new loan, the student must:

a) provide a signed physician's statement that he/she may now engage in "substantial gainful activity." b) acknowledge that accepting new educational loans terminates the conditional discharge due to total and permanent disability. c) be in satisfactory repayment for loans that were in default prior to preliminary determination of the conditional discharge status.

Section 3

I have a prior federally funded educational loan conditionally discharged due to total and permanent disability. I am now seeking to obtain a new federally funded educational loan.

I have attached the required documentation. I understand taking out a new federally funded educational loan during the three-year conditional discharge period will cancel my request to be considered totally and permanently disabled. I understand collection on the conditionally discharged loan(s) will resume and I will remain responsible for repaying those loans.

I understand any loan that was in conditional discharge status cannot be discharged in the future on the basis of any impairment that was present when I applied for the new loan(s).

Signature _____

Date

PLEASE RETURN FORM TO THE ENROLLMENT SERVICES CENTER OR FAX TO 315-786-2349