

## 2015-2016 Statement of Disability Discharge Verification

### **Borrower's Request**

Use ink only.

Request to re-establish Federal Student Loan Eligibility after discharge of prior educational loan(s) due to total and permanent disability

**Student Information:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

According to your NSLDS ([www.nsls.ed.gov](http://www.nsls.ed.gov)) record, one or more of your prior federal educational loans has been discharged due to total and permanent disability. This discharge means that you may not be considered for further federal student loans unless you reestablish eligibility by submitting this form signed by you, and a statement from a legally licensed physician stating that you are no longer total and permanently disabled.

### **Student Certification**

I certify that I am aware that any new federal educational loans that I borrow cannot be discharged in the future on the basis of any impairment present at the time the new loan is accepted unless my impairment substantially deteriorates. In addition, acceptance of a new federal educational loan may prevent final discharge of prior educational loans that were conditionally discharged due to total and permanent disability after July 1, 2002. I understand that I must sign the statement for each new loan for which I apply.

I am aware that collection activity will resume on any loans still in a total and permanent disability conditional discharge period and that I am responsible for repayment of these loans.

I understand that I must cancel all of my pending requests for loan discharge based on disability.

I understand that I must submit a statement from my physician stating that I am no longer totally and permanently disabled.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Phone