

2019-2020 Statement of Disability Discharge Verification (part 2)

Physician's Statement Use ink	conly.		
Student Information: Name:			
Date of Birth:			
Social Security Number:			
Student ID Number:			
Request to re-establish Federal Student Loan E loan(s) due to total and permanent disability	ligibility after discharg	e of prior edu	ucational
According to the NSLDS (www.nslds.ed.gov) refederal educational loans has been discharged dedischarge means that the borrower may not be cunless eligibility is re-established by submitting stating that the borrower is no longer totally and acknowledging that the borrower will repay future.	ue to total and permane onsidered for further fe a statement from a legal l permanently disabled	nt disability. deral student ally licensed	This tloans
Physician Statement The above referenced borrower was previously of and received a discharge of their student loans be now requesting more student loans from the federal following question as required by the U.S. Depart	ecause of the classificateral government. Pleas	tion. The bo	rrower is
Is the borrower no longer considered to be totall disabled and, therefore, able to engage in substant		Yes	No
The phrase "substantial gainful activity" means a level of physical or mental activities or a combination of both. NOTE: This standard may be different from standards use with occupational disability or eligibility for social services.	ed under other private and pu		
Comments:			
Physician's Printed Name	Physician's Signature		
Complete Address	City/State/Zip	Phone	
Date			