

2018-2019

Prior Federal Student Loan(s) Discharge Due to Total and Permanent Disability (TPD)

Student Name (Please Print): _____ UDC ID# _____

Please complete, sign and date either option 1 OR option 2 below:

OPTION 1: FEDERAL GRANT RECEIPT ONLY

*Note: If you wish to receive Title IV loans or TEACH Grant, it may affect your eligibility for discharge or may cause your loan or grant obligation to be reinstated.

If you are NOT interested in obtaining Federal Student Loans for the 2018-19 academic school year, please sign below.

Student Signature _____ Date _____

OPTION 2: FEDERAL GRANT AND LOAN RECEIPT

If you wish to receive Federal Student Loans or TEACH Grant, it may affect your eligibility for discharge or may cause your loan or grant obligation to be reinstated. If a borrower whose prior loans was discharged due to total and permanent disability wishes to take out another federal loan, he/she must obtain a physician's certification that he/she has the ability to engage in substantial gainful activity and sign the statement below.

- 1. Please attach a Physician's certification/statement that you have the ability to engage in substantial gainful activity. This generally means that you have sufficiently recovered to be capable of attending school, successfully completing program of study, and securing employment in order to repay the new loans you are seeking. Your financial aid will not be processed without the physician's certification to support your request for new federal loans.
2. By signing below, you are requesting the federal loan funds and you are aware that any new Federal Loan cannot later be discharged for any present impairment unless it deteriorate so that you are again totally and permanently disabled. If your prior loan was conditionally discharged and the conditional period has not elapsed, you are affirming by signing below that collection will resume on the conditionally discharged loan and unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present with the conditional discharge was granted or when you requested the new loan.

Student Signature _____ Date _____

FINANCIAL AID OFFICE USE ONLY

RRAAREQ Updated [] RHACOMM Updated [] Option 1 Only- Removal of FSL on RPAAWRD []

Financial Aid Representative Signature _____ Date _____