



## 2023-2024 Total and Permanent Disability Discharge Verification

## **Instructions:**

Our office has received information from the National Student Loan Data System (NSLDS) indicating that you have had one or more prior student loans discharged due to total and permanent disability. In order for our office to continue processing your financial aid, we need you to clarify whether or not you want additional loan consideration. Please allow 7-10 business days for processing, or longer during peak processing periods.

Name	Student ID#	
A. To Be Completed by Stu	udent:	
Student Loan Information (Initial	Below)	
You will be considered  I do want to be considered  Complete Borrow	idered for federal student loan funds. idered for other types of assistance, but will not be ed for additional student loan funds. wer Certification Statement. vill need to complete the Physician's Certification S	
Certification and Signature I understand that neither any ne	w loan(s) nor conditionally discharged loan(s) can be described as that I am again totally and permanently disable	oe discharged based on any presen
Student's Signature (electronic signature NOT accepted)		Date
B. Physician's Certification	n Statement	
I certify that my patient (the student the ability to engage in substantial g	identified on this form) has a disability condition that hainful activity. Note: the phrase "substantial gainful activally recovered to be capable of attending school, success	vity" generally describes a situation in
Physician Signature	Physician Name (please print)	Date
Specialty	Office Address (city, state, zip)	Phone Number

Warning

If you purposely give misleading information on this form, you may be fined, be sentenced to jail or both.