Loan Discharge Worksheet





Student's Information

If you have had previous Federal Direct Stafford loans discharged due to permanent/total disability, you must provide a statement acknowledging your ability to engage in substantial gainful activity. This must be completed prior to any new Federal Direct Student loan being awarded. Please complete this form if you seek to borrow a new Federal Direct Student loan and have had federal loans that were previously discharged. In addition, the form must also be completed by a physician to be considered valid. Please allow up to 5 weeks processing during peak times.

Student's Last Name	First Name	Middle Initial	Student ID Number
The Borrower Acknow	ledges that:		
 He/she has had pr physician. 	evious Stafford loan(s) canc	celled due to certification of p	ermanent and total disability by his/her
• He/she is now abl	e to engage in substantial ga	ainful activity.	
• The attached certing activity.	fication from his/her physic	ian states that the borrower is	now able to engage in substantial gainful
		ANNOT be cancelled in the unless the impairment substa	future on the basis of any impairment ntially deteriorates.
Section I – BORROWI	ER/STUDENT ACKNO	WLEDGEMENT	
future on the basis of any i		e time the new loan or TEAC	e obligation cannot be discharged in the H Grant is certified, unless my condition
Student's Signature (Requi	ired)		Date
Section II – PHYSCIA	N'S CERTIFICATION	STATEMENT (please se	lect one)
	above named person has beel activity*. Date examined:		sional opinion is able to engage in
Substantial gain	hat the above name person iful activity is defined as a lefor a combination of both.	s able to engage in substantia evel of work performed for pa	l gainful activity. y that involves doing significant physical or
Comments:			
Name of Physician	Address		Phone Number
Signature	Date	License Number	State of License