Permanent Disability
Loan Discharge

Please complete all fields on this form using a black or blue pen. Incomplete forms will be returned and will cause a delay in processing your financial aid application.

APU ID#: _____ Academic Program: _____

Name: _____   _____   _____
          Last   *First*   *M.I.*

The National Student Loan Data System (NSLDS) indicates that one or more of your federal student loans have been discharged due to disability. If you wish to borrow Federal Direct Loans or receive Title IV funds, you must:

1.) I have received the final discharge status for the prior loans or if I am in my post-discharge monitoring period or the conditional discharge period, I will resume payment on my prior loans that have been discharged. This must be reflected on NSLDS.

2.) Obtain a physician's certification that you have the ability to engage in substantial gainful activity. Substantial gainful activity is defined as "a level of work performed for pay that involves doing significant physical or mental activities or a combination of both." Please fill in your physician's information below and have your physician attach a certification with signature that supports your ability to engage in substantial gainful activity.

   Physician's Name: _____

   Physician's Phone #: _____

   - Please attach any supporting documentation to this letter and return it to our office.

   - You may be eligible for an alternative loan. If you have questions about your eligibility status, please contact your Student Account Counselor.

3.) Acknowledge that you are aware the new Federal Direct Loan or Title IV funds cannot be later be discharged for any present impairment you may have. You must do this by signing the Borrower Acknowledgement Statement below in addition to the loan's Master Promissory Note.

   Borrower Acknowledgement Statement: I am aware of my obligation to repay any new Federal Student Aid/ Title IV loan(s) I take as defined in my Master Promissory Note. Although my former Federal Student Aid loan(s) was discharged due to total and permanent disability, I acknowledge that any new Federal Student Aid loan(s) I take cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

_____   _____/_____/_____
Student Signature *(Required)*   **Date**

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