



2012-2013 Loan Disability Discharge Reinstatement

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to a total and/or permanent disability. This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

Name: _____ Date of Birth: _____

Social Security Number: _____

Please complete the appropriate section and attach any necessary paperwork.

_____ I am **NOT** interest in receiving Federal loans.

_____ I am **NOT** interested in receiving loans, but I **AM** interested in grants and/or Federal Work Study.

_____ I **AM** interested in receiving Federal loans and I **AM** attaching my Physician Certification to verify my eligibility.

_____ I **AM** interested in receiving Federal loans and have a Physicians Certification on file from a prior year.

Borrower Acknowledgements

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or the Federal Perkins Loan Program. Should I decide to pursue Federal student loans, I acknowledge that I now have the ability to engage in substantial gainful activity, which means I am now capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loans. I have requested my physician to certify that my impairment has improved sufficiently so that I now have the ability to engage in substantial gainful activity. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

Consent for Release of Information: I authorize any physician, hospital, or other institution have records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Concord University, the U.S. Department of Education, or the holder of my loan(s).

Student Signature

Date