

## **Discharge Due to Disability**

Award Year \_\_\_\_\_

## Student Statement Regarding Additional Loan Request After Prior Discharge

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

By signing this form I agree to borrow additional loans to assist with my educational goals. I understand I cannot discharge these loans for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I also agree that I have the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Student Signature: \_\_\_\_\_

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## **Physician Statement Regarding Disability Discharge**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_\_

Student ID: \_\_\_\_\_

The above referenced student is pursuing a higher education degree and is requesting to borrow federal student loans to assist with covering tuition costs. By signing this form, I agree the student has the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.