Documentation of Disability Status: Final Discharge Form

Student Name: ____________________________________   NSU ID: ______________________

Records at the U.S. Department of Education indicate you have had a federally funded educational loan, which has received a final discharge due to total and permanent disability. Before we can process your application, we must determine if you are eligible to borrow a new educational loan.

Please complete Section 1 **AND** Section 2 below and submit this form to the Loan Operations and Debt Management department in the Office of Student Financial Assistance.

**Section 1:**
I have had a prior federally funded educational loan discharged due to total and permanent disability. I am now seeking to obtain a new federally funded educational loan.

To meet the requirements to qualify for the new loan, I must:

a) provide a signed physician’s statement on the physician’s letterhead stating that I may now engage in “substantial gainful activity,” and
b) acknowledge that the new loan may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

I have attached the required physician’s statement, **AND**

I hereby acknowledge that any new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

______________________________________________     ______________________________
Student signature      Date

**Section 2:**
I have a federally funded educational loan which was discharged due to total and permanent disability. If the discharge occurred after June 30, 2001, I understand I must “reaffirm” responsibility for payment of each federally funded educational loan discharged after this date (June 30, 2001) if I receive a new Title IV loan within three years from the date I became totally and permanently disabled, as certified by my physician.

I have attached this reaffirmation from my guarantor *(if applicable).*

______________________________________________     ______________________________
Student signature      Date

DISCH, REV 3/2014