



**ENROLLMENT AND STUDENT SERVICES**  
**OFFICE OF STUDENT FINANCIAL ASSISTANCE**  
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## 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**