

Certification of Loan Discharge Status Form



Students who have received federal student aid (FSA) funds for which they are obligated to repay but have had their repayment obligations canceled (discharged) due to disability must complete this form to request FSA be awarded. To request federal grants only, students must complete Parts A, B, and D. To request federal loans, students must also have his/her physician complete Part C. To be eligible for FSA, students must meet general FSA eligibility requirements.

Part A: Student Information

Name: _____ SID#: _____
SSN: _____ Home Phone No.: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
E-mail Address: _____

Part B: Federal Student Aid Request

Please check the appropriate box which describes the types of FSA you would like to apply for at Edison State Community College

- Federal grants only.** (Skip Part C and complete Part D)
- Federal grants and federal loans.*** (Complete both Part C and Part D)

* If less than three (3) years have passed since the date of your loan discharge, you may need to resume payment on your discharged loan(s) or acknowledge that you are once again subject to the terms of the TEACH Grant agreement to serve.

Part C: Physician Certification for Federal Loan Eligibility

Instructions for Physician: You are asked to certify that the student named in Part A above is able to engage in substantial gainful activity. The U.S. Department of Education defines “substantial gainful activity” as, “a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking.” The student named in Part A, for whom you are completing this certification, has previously had one or more FSA funds discharged due to disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment which was expected to continue for a long and indefinite period of time.

In my best professional judgment, I certify the student named in Part A is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Additional Comments: _____

Physician Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Signature of Physician (M.D. or D.O.): _____

Part D: Student Certification

I acknowledge that I have previously had one or more FSA funds discharged due to disability. I understand if I requested to be considered for federal loans and new loans are awarded to me, I must repay these new loans and they may not be canceled on the basis of any impairment present at the time the new loans are made, unless my impairment substantially deteriorates as determined by my physician. I understand that a copy of the completed form will be sent to the physician named above by the Office of Student Financial Aid.

Student's Signature: _____ Date: _____