

LAST NAME	FIRST NAME	INITIAL
S.S.#	SVSU I.D.#	TELEPHONE #

The U.S. Department of Education has informed us that you have had one or more loans discharged because of a total and permanent disability.

Please answer the questions below and provide any documentation that may be needed to complete the processing of your financial aid. We cannot process your financial aid until we receive the following information.

**INSTRUCTIONS:**

1. Check "YES" or "NO" to the following two questions.
2. Provide the additional documentation needed, if applying for a loan.
3. Sign this form and return it to the SVSU Campus Financial Services Center.

Do you wish to apply for a grant or work study?	YES ____	NO ____
Do you wish to apply for a student loan?	YES ____	NO ____

If you wish to take out a student loan, you must submit a certification letter, from a legally licensed physician, stating that your condition has improved and that you have the ability to engage in "substantial gainful activity", which includes:

- (1) capability of attending school,
- (2) of completing a program of study, and
- (3) of securing employment in order to repay the new loan

The physician's certification letter should be turned in with this form in order to be packaged with all of your financial aid awards.

By signing below, you are acknowledging that the new student loan, or TEACH grant service obligation, cannot later be discharged for any present impairment, unless the condition substantially deteriorates to the extent that the definition of total and permanent disability is met again.

Please be advised that obtaining a new student loan may reactivate any previous loans that were discharged due to total and permanent disability.

If the information requested is not submitted within 30 days of the date of this letter, the SVSU Office of Scholarships and Financial Aid will not be able to process your financial aid application.

*Certification: I certify that the information above is true and accurate to the best of my knowledge.*

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

 \_\_\_\_\_  
 Date