

Total and Permanent Disability**Discharge Loan Request****2020-2021**

This form must be completed by any student wishing to receive federal student aid after discharging federal loan(s) due to total and permanent disability. Student Financial Aid and Scholarships must review all discharged loans and other pending information prior to awarding any federal financial aid.

Student Name_____
BGSU ID#_____
Contact Phone:**Complete, sign and date either option 1 or option 2 below:** Option 1:

If you are **NOT** interested in obtaining Federal Student Loans for your educational expenses for the 2020-2021 academic school year and would like your financial aid processed without including student loans, please sign below.

Student Signature_____
Date Option 2:

If a borrower whose prior loan was discharged due to total and permanent disability wishes to take out another federal loan, they must obtain a physician's certification that indicates they have the ability to engage in substantial gainful activity. The borrower must sign the statement below.

1. Attach a Physician's certification/statement that you have the ability to engage in substantial gainful activity.

*This generally means that you have sufficiently physically recovered and are capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan you are seeking.

2. By signing below, you are requesting Federal Loan funds. In addition, you are aware that any new Federal Loan cannot later be discharged for any present impairment unless it deteriorates so that you are again totally and permanently disabled. If your prior loan was conditionally discharged, and the conditional period has not elapsed, you are affirming by signing below that collection will resume on the conditionally discharged loan. Furthermore, unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present when the conditional discharge was granted or when you requested the new loan.

**Your financial aid will not be processed without the physician's certification to support your request for new federal loans.*

Student Signature_____
Date