

**2008 – 2009 Federal Loan
Discharged Due to Disability
Scottsdale Community College, Financial Aid Office**

Name (print)

Social Security Number or Student ID

Our office has received information from the National Student Loan Data System (NSLDS) indicating that you have had one or more prior student loans discharged due to total and permanent disability. In order for our office to continue processing your financial aid, we need you to clarify whether or not you want additional loan consideration.

Student Loan Information (Initial Below)

- _____ I do want to be considered for additional student loan funds.
A. Complete Borrower Certification Statement.
B. Your physician will need to complete the Physician's Statement below.

- _____ I do not want to be considered for additional student loan funds.
A. You will be considered for other types of assistance, but will not be considered for student loans.

Borrower's Certification Statement

I understand that neither any new loan(s) nor conditionally discharged loan(s) can be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Student Signature: _____ **Date:** _____

Physician's Certification Statement

I certify that my patient (the student identified on this form) has a disability condition that has improved and that the student, has the ability to engage in substantial gainful activity. Note: the phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician Signature: _____ **Date:** _____

Physician Name (please print) _____

Specialty _____

Office Address (city, state, zip) _____

Office Telephone Number _____

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.
