

OFFICE OF STUDENT FINANCIAL AID 2024-2025 Permanent Disability Form

Student Name			ID/SSN:	
	•		dent loans discharged because of tota litional federal student loans, you mu	•
			ing that you are able to engage in "su Please use the certification below.	bstantial gainful activity"
2. You	must sign the stat	ement below.		
		Ph	ysician Certification	
This is to certify which has impr		engage in substa	has a total has a total has a total has a total	and permanent disability, ttending school.
Name of physician			Signature of physician	Date
Street address			License number	
City	State	Zip code	Telephone number	
than three year or after July 1, 2 on the old loar deteriorates, th discharge or wh	rs have passed since 2002 and the three- n (which collection ne old loan cannot nen he tried to get t	e the date the stud year period hasn't must begin befor be discharged in t the new loan. If a d	June 30, 2002 inclusive, then the student dent became disabled. If the prior loan was elapsed, the student must sign a statement receiving the new loan) and that unlet the future for any impairment present was discharged and then remust make satisfactory repayment arranged.	as conditionally discharged on ent that collection will resume ess his condition substantially then he began the conditional eaffirmed or was conditionally
		<u>9</u>	Student Statement	
	•		I apply cannot be cancelled in the future ally deteriorates subsequent to receiving	-
Student's Signature			Date	
Y(ou may contact the	Office of Financia	al Aid at 740.588.1276 with any question	s you may have
Reviewe	ed by:			
Financia	al Aid signature		Date	