



OFFICE OF STUDENT FINANCIAL AID
2026-2027 Permanent Disability Form

Student Name _____ ID/SSN: _____

Our records indicate you have one or more student loans discharged because of total and permanent disability. Before you can be considered for additional federal student loans, you must do the following:

- 1. Provide a physician's certification stating that you are able to engage in "substantial gainful activity" such as working or attending school. Please use the certification below.
2. You must sign the statement below.

Physician Certification

This is to certify that _____ has a total and permanent disability, which has improved and is able to engage in substantial gainful activity such as working or attending school.

Form fields for physician information: Name of physician, Signature of physician, Date, Street address, License number, City, State, Zip code, Telephone number.

If a loan was discharged between July 1, 2001 and June 30, 2002 inclusive, then the student must reaffirm the loan if less than three years have passed since the date the student became disabled. If the prior loan was conditionally discharged on or after July 1, 2002 and the three-year period hasn't elapsed, the student must sign a statement that collection will resume on the old loan...

Student Statement

I understand that any new federal loan(s) for which I apply cannot be cancelled in the future based on my present impairment (unless my condition substantially deteriorates subsequent to receiving additional loans).

Student's Signature _____ Date _____

You may contact the Office of Financial Aid at 740.588.1276 with any questions you may have

Reviewed by: Financial Aid signature _____ Date _____