MARYGROVE COLLEGE

DISABILITY DISCHARGE LOAN REQUEST FORM 2014-2015

STUDENT NAME_____ **STUDENT NUMBER** _____

Students who have had federal student loans discharged due to a disability may be eligible for additional federal student loans. To be eligible for the additional loans, the student must complete this form AND submit a physician's letter stating that the student is able to engage in gainful activity. Conditionally discharged loans and/or loans permanently discharged within the last five (5) years MAY be reinstated and the student is strongly encouraged to contact their lender/servicer regarding the previously discharged loans. In some cases, the student's appeal and all documents will be sent to the Total and Permanent Disability (TPD) Servicer for appeal approval. In those cases, appeals may take up to 8 weeks to review.

Before requesting student loans, please read and consider carefully the following. Your initial in each box indicates that you thoroughly understand each item.

YOUR INITIALS HERE	STATEMENT
	I confirm that my loans have been permanently or conditionally discharged due to a disability.
	I understand that I am currently not responsible for the repayment of permanently or conditionally discharged loans.
	I am requesting that I be eligible to participate in the federal student loan and/or TEACH Grant program.
Letter must be attached to form.	I am attaching a letter from my physician on his/her letter head stating that I am no longer disabled and am able to "engage in meaningful and gainful activity". ***Please note: the physician's statement must include the student's name, SSN and date of birth.*** If previously submitted to Marygrove College, please check here ❑
	I understand that if/when I am awarded federal student loans, CONDITIONALLY discharged loans WILL be reinstated and that I will be responsible for the repayment of all reinstated federal student loans, including all interest that has accrued.
	I understand that reinstated loans will return to the status they were in prior to the discharge. For example, if the loan was in default at the time of discharge, the loan will be reinstated in the default status.
	I understand that I will not be approved for a disability discharge for the reinstated loans OR the new loans I am requesting.
	I have had an opportunity to address all questions to a financial aid professional.

I understand that by requesting federal student loans and/or TEACH Grant, I may again become responsible for all formerly discharged loans and the interest accrued since the time of discharge. I have read and understand each of the above statements and certify that I have initialed each statement as required. I agree with my physician that I am able to engage in meaningful and gainful activity. I have had the opportunity to meet and discuss my situation with a financial aid professional and advised to contact the Department of Education for additional information. I understand that I will be responsible for the repayment of all new federal student loans i receive. I understand that the loans cannot be discharged in bankruptcy or for disability.

MY SIGNATURE INDICATES THAT I HAVE READ AND UNDERSTAND ALL INFORMATION PROVIDED IN THIS DOCUMENT

_____ _____

STUDENT SIGNATURE DATE

_____ _____ _____

SOCIAL SECURITY NUMBER DATE OF BIRTH FA Professional Signature and Date