

2021 - 2022

FEDERAL LOAN DISCHARGE DUE TO DISABILITY

STUDENT INFORMATION

LAST NAME FIRST NAME M.I.

VALENCIA COLLEGE ID (VID) HOME PHONE (including area code)

ADDRESS CITY STATE ZIP CODE

The Office of Financial Aid Services 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 or one or more of your federal student loans have been discharged based on determination by the Department of Veterans Affairs that you are unemployable due to a service-connected 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.

DO YOU WANT VALENCIA COLLEGE TO CONSIDER YOU FOR ADDITIONAL STUDENT LOANS?

<input type="checkbox"/> YES	Please check 'YES' to the left, complete the remainder of this form and return it to our office. Your physician will need to complete the Physician's Statement below. Financial aid processing will continue once this form has been returned.
<input type="checkbox"/> NO	Please check 'NO' to the left, sign and return this form to our office. You will receive consideration for gift assistance (grants and scholarships), but will not be considered for student loans. Financial aid processing will continue once this form has been returned.

BORROWER'S CERTIFICATION STATEMENT

I understand that neither the conditionally discharged loan(s) nor any new loan(s) can be discharged on the basis of my current disability unless that disability substantially deteriorates. I understand that the Department of Education may require me to resume repayment of prior loans that were conditionally discharged. I understand that I must provide proof that collection has begun before any new loan(s) may be disbursed. My physician has completed the Physician's Certification Statement.

STUDENT SIGNATURE DATE

PHYSICIAN'S CERTIFICATION STATEMENT (To be completed by your physician if you checked 'YES' above)

I certify that my patient (the student identified on this form) has a disability condition that has improved and that the student, in my professional opinion, 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 and mentally 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 OFFICE TELEPHONE NUMBER

INTERNAL USE ONLY: Federal Loan Discharge Due to Disability would satisfy requirement: **TPD22**