

## 2024-25 Documentation of Disability Status: Final Discharge

**Records at the U.S. Department of Education indicate that you have had a federally funded educational loan which has received a final discharge due to total and permanent disability. Before we can process your application, we must determine if you are eligible to borrow a new educational loan.**

**Please complete section 1, 2 OR 3.**

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Section 1:**

The above-named student has had a prior federally funded educational loan discharged due to total and permanent disability. The student is seeking financial aid but does not wish to borrow a new federally funded educational loan.

**Sign below only if you DO NOT wish to obtain a new federal student loan.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 2:**

The above-named student has had a prior federally funded educational loan discharged due to total and permanent disability. This student is now seeking to obtain a new federally funded educational loan. To meet the requirements to qualify for a new loan, I (the student) must:

- a) Provide a signed physician’s statement that I may now engage in “substantial gainful activity”.
- b) Acknowledge that the new loan may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

**I have attached the required physician statement and I hereby acknowledge that any new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**Section 3:**

The above-named student has a federally funded educational loan which was discharged due to total and permanent disability; **the discharge OCCURRED between \_\_\_\_\_ and \_\_\_\_\_**. I understand I must “**reaffirm**” responsibility for repayment of any federally funded educational loan discharged during this period if I receive a new Title IV loan within 3 years from the date I became totally and permanently disabled, as certified by my physician.

**I have attached this reaffirmation from my guarantor.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

ANY DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN A LOSS OF FINANCIAL AID!

Protect your privacy and send this safely from your salemstate.edu email account to: [navcenter@salemstate.edu](mailto:navcenter@salemstate.edu)  
or fax this form to: 978.542.6876

**Questions? Call us at 1-978-542-8000.**