MURRAY STATE UNIVERSITY

Financial Aid Office
500 Sparks Hall
Murray, KY 42071-3312
msu.sfa@murraystate.edu
P: 800-272-4MSU ext 3 P: 270-809-2546 F: 270-809-3116

2016-2017 Statement of Disability Discharge Verification

BORROWER'S REQUEST

Request to re-establish Federal Student Loan Eligibility after discharge of prior educational loan(s) due to total and permanent disability

Student Information:

Name _____

Date of Birth _____

M#-ID / SSN _____

According to your records with the National Student Loan Data System (NSLDS), one or more of your prior federal educational loans has been discharged due to total and permanent disability. **This discharge means that you may not be considered for further federal student loans unless you re-establish eligibility by submitting this form signed by you, and a statement from a legally licensed physician stating that you are no longer totally and permanently disabled.**

You may review your federal loan records by accessing NSLDS at *www.nslds.gov* using your FSA User ID and password.

STUDENT CERTIFICATION

- I certify that I am aware that any new federal educational loans that I borrow cannot be discharged in the future on the basis of any impairment present at the time the new loan is accepted unless my Impairment substantially deteriorates. *In addition, acceptance of a new federal educational loan may prevent final discharge of prior educational loans that were conditionally discharged due to total and permanent disability after July 1, 2002.*
- I understand that I must sign the statement for each new loan for which I apply.
- I am aware that collection activity will resume on any loans still in a total and permanent disability conditional discharge period and that I am responsible for repayment of these loans.
- I understand that I must cancel all of my pending requests for loan discharge based on disability.
- I understand that I must submit a statement from my physician stating that I am no longer totally and permanently disabled.

This document must be signed certifying the accuracy of the information provided. Any individual signing this form certifies that all information is complete and accurate.
Warning: If any individual purposely gives false or misleading information on this form, he/she may be fined, sentenced to jail, or both.

Murray State University Financial Aid Office does not allow electronic signatures(s).
All documentation must be completed with original signatures prior to submission to our office, including via email, mail, or fax.

_____
Student's Printed Name *Student's Signature*

_____
Complete Address *City/State/Zip* *Phone #*

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2016-2017 Statement of Disability Discharge Verification

PHYSICIAN'S STATEMENT

Student Information:

Name _____

Date of Birth _____

M#-ID / SSN _____

Request to re-establish Federal Student Loan Eligibility after discharge of prior educational loan(s) due to total and permanent disability

According to the National Student Loan Data System (NSLDS), one or more of the above named borrower's prior federal educational loans has been discharged due to total and permanent disability. **This discharge means that the borrower may not be considered for further federal student loans unless they re-establish eligibility by submitting a form signed by the borrower, and a statement from a legally licensed physician stating that they are no longer totally and permanently disabled.**

PHYSICIAN STATEMENT

The above named borrower was previously classified as totally and permanently disabled and received a discharge of their student loans because of the classification. The borrower is now requesting more student loan funds from the federal government.

Please respond to the following question as required by the U.S. Department of Education.

	Yes	**No**
Is the borrower no longer considered to be totally and permanently disabled and, therefore, able to engage in substantial gainful activity?	◯	◯

- The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.
- NOTE: This standard may be different from standards used under other private and public programs in connection with occupational disability or eligibility for social services.

Comments:

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_____
Physician's Printed Name *Physician's Signature*

_____
Complete Address *City/State/Zip* *Phone#*