



## 2024-2025 Federal Loan Discharge Due to Disability

### Instructions

According to the U.S. Department of Education, you have had one or more student loans discharged because of total and permanent disability. This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student loan Program. Please allow 5-7 business days for processing and up to 14 business days during peak which are January and July–September.

### To be Completed by Student

- If you choose NOT to be considered for Federal Student Loans this academic year, select that option, sign, date and submit your form.
- If you choose to be considered for Federal Student Loans, select that option, and have your primary care physician complete a certification statement before submitting your completed form.

### Student Information

| Last Name (Print) | First name (Print) | MI | Student ID Number | College |
|-------------------|--------------------|----|-------------------|---------|
|                   |                    |    |                   |         |

### Student Federal Loan Information (initial below)

- Yes, I am interested in receiving Federal Direct Loans and will have my physician complete the Physician Certification Statement.
- Your physician will need to complete the Physician’s Certification Statement.
- No, I do not want to be considered for additional Federal Direct Loans.
- You will be considered for other types of assistance, but will not be considered for Federal Student Loans.

### Physician’s Certification Statement

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| <p>This requirement can only be fulfilled by a licensed physician practicing in the student’s state of residence, who must hold either a Doctor of Medicine (MD) or Doctor of Osteopathy (DO) qualification.</p> <p>The following <b>cannot</b> complete this certification: Doctor of Podiatric Medicine (DPM), licensed nurse practitioner (NP), physician’s assistant (PA), clinical psychologist, licensed clinical therapist, or a physician from a foreign country unless they are legally authorized to practice in a state.</p> | <p><b>Please submit a signed letter from your physician on letterhead that contains the following:</b></p> <ul style="list-style-type: none"> <li>-Physician’s Name</li> <li>-Physician’s Signature</li> <li>-Physicians Specialty</li> <li>-Physician’s Office Address</li> <li>-Physician’s Office Phone Number</li> <li>-Physician’s statement indicating whether you, the student, have the ability to engage in substantial gainful activity. Substantial gainful activity is defined in 34 CFR 685.200(a)(1)(iv) as a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.</li> </ul> |
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### Borrower Acknowledgement

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by a physician. I acknowledge that if my prior Total and Permanent Disability discharged loan is within the three-year provisional period allowed for disability cancellation, I am required to resume payment on that loan. **CONSENT FOR RELEASE OF INFORMATION:** I authorize any physician, hospital, or other institution (having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the Financial Aid Office, the U.S. Department of Education, or to the holder of my loan(s).

| Student Signature: | Date |
|--------------------|------|
|                    |      |

**WARNING** If you purposely give misleading or false information on this form, you may be fined, be sentenced to jail, or both. 34CFR 674.61 (B) Perkins/34CFR 685.21 DL

### Non-Discrimination Statement

The Maricopa County Community College District (MCCCD) is an EEO / AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX / 504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit <http://www.maricopa.edu/non-discrimination>.