2016-2017 Documentation of Disability Status

Student Name: ___________________________ Loyola ID: __________
(Please print) (Your 11-digit Loyola ID number begins 0000.)

Your records at the U.S. Department of Education indicate you have had a federally funded educational loan discharged because of 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 or Section 2.

Section 1:
The above named student has had a prior federally funded educational loan cancelled because of total and permanent disability. I (the student) seek financial aid but do not wish to borrow a federally funded educational loan.

Sign here only if you DO NOT wish to obtain a new student loan:

Student’s Signature* ___________________________ Date __________

Section 2:
The above named student has had a prior federally funded educational loan cancelled because of total and permanent disability. The 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 the student may now engage in "substantial gainful activity."

b. Acknowledge that the new loan may not be discharged because of the same disability unless the disabling condition substantially deteriorates.

I have attached the required physician's statement, AND

I hereby acknowledge that the new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

Student Signature* ___________________________ Date __________

*Typed and digital signatures are not acceptable

TP 2017