



Total and Permanent Disability Borrower Acknowledgement

Name: _____ Phone: _____

I, _____ (print name), understand that I have the ability to engage in substantial gainful activity, and I acknowledge that the new FSA loan service obligation can't later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

I understand that I must obtain a physician's certification for my school files on their letterhead that states I have the ability to engage in substantial gainful activity. This statement is only required once, but I must sign a borrower statement each time I receive a new loan.

Student's Signature

Student's ID

Date

Financial Aid Office Only:

This Total and Permanent Disability Borrower Acknowledgement is approved for Semester: _____

Accepted by: _____ Date: _____