

2023-2024 Federal Loan Discharged 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, or longer during peak processing periods.*

Student Information

Last Name (Print)	First Name (Print)	MI	Student ID Number
Maricopa Email Address		Phone Number with Area Code	
@maricopa.edu			

To Be Completed by Student:

Student Loan Information (Initial Below)

___ ___ I do want to be considered for additional student loan funds.

- Complete Borrower Certification Statement.
- Your physician will need to complete the Physician's Certification Statement below.

___ ___ I do not want to be considered for additional student loan funds.

- You will be considered for other types of assistance but will not be considered for student loans.

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.

Student's Signature (<i>electronic signature NOT accepted</i>)	Date

Physician's Certification Statement

Only a physician who is qualified to practice medicine, which only includes a Doctor of Medicine (MD) or Doctor of Osteopathy (DO), can complete this requirement. The following cannot 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.

Please upload a letter from your physician on letterhead that contains the following:

- Physicians Name
- Physicians Specialty
- Physician's Office Address
- Physician's Office Phone Number
- Physicians 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.

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



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Maricopa Community Colleges
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