



2024-25 BORROWER ACKNOWLEDGEMENTS

Initial Request

STUDENT INFORMATION

Last Name:	First Name:
Student ID #:	Email:

I acknowledge that I am applying for one (or more) new Federal Student Aid (FSA) loans. I previously received one (or more) student loans, which were discharged due to my *total and permanent disability*. I acknowledge that I now have the ability to engage in substantial gainful activity, which means I am now capable of a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

My physician has certified on signed and dated letterhead that my impairment has improved sufficiently, so I now have the *ability to engage in substantial gainful activity* and included that statement in the letter. I am attaching the letter to this form for review.

I understand that:

Attach Physician Statement


- A new borrower acknowledgment will have to be signed and submitted with every new FSA loan request.
- That any new FSA loans I receive, now or in the future, cannot be discharged for any present impairment unless it deteriorates, so I am again *totally and permanently disabled*.

I understand that *total and permanent disability*, for the purpose of discharging a FSA loan, is defined as the condition of an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, has lasted for a continuous period of at least 60 months, or can be expected to last for a continuous period of at least 60 months.

I certify this information is complete and correct.

Student's Signature: _____

Date: _____