



## 26/27 Disability Discharge Verification Form

Student Name: \_\_\_\_\_

CFCC ID: \_\_\_\_\_

The National Student Loan Database System (NSLDS) indicates that you have one or more student loans discharged because of a total or permanent disability. Before you can receive additional federal student loans or federal aid, this form must be completed by you and your physician. **NOTE: Your physician only needs to complete the Physician's Certification if you (the student) wish to request a federal loan.** Both pages need to be returned to our office for processing. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

### Complete if you do not intend to pursue your federal loan eligibility.

No, I **do not** want to borrow federal student loans.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*We cannot accept a typed signature\*\*

### Complete if you wish to pursue your federal loan eligibility.

Yes, I **want** to borrow federal student loans and will move forward with having my physician fill out the Physician's Certification portion.

#### STUDENT ACKNOWLEDGEMENT:

I, the borrower, \_\_\_\_\_,  
(Print student's name above)

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 cancelled in the future on the basis of any present impairment when the new loan is made unless that impairment substantially deteriorates as determined by a physician.

**CONSENT FOR RELEASE OF INFORMATION:** I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the Cape Fear College Office of Financial Aid, U.S. Department of Education, or the holder of my loan(s).

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*We cannot accept a typed signature\*\*

## PHYSICIAN'S CERTIFICATION

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan they are seeking. Your completion of this section will fulfill this requirement.

### **Check only one that applies to the above-mentioned student:**

- I certify, in my best professional judgment, that the above-named student **IS NOT** able to engage in substantial gainful activity as defined by the U.S. Department of Education.
- I certify, in my best professional judgement, that the above-named student **IS** able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's License Number: \_\_\_\_\_

I am legally authorized to practice in the state of: \_\_\_\_\_

*Please type or print the following:*

Physician's Name: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_