BINGHAMTON UNIVERSITY
STATE UNIVERSITY OF NEW YORK

Financial Aid and Student Records
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STUDENT LOAN DISCHARGED –CONFIRM CURRENT STATUS

Your Free Application for Federal Student Aid (FAFSA) was checked by the Federal Processor to determine basic eligibility for federal financial aid. Their records indicate that you have had one or more student loans discharged because of a total and permanent disability. Before we can disburse additional federal student loans, you must provide the information below:

Borrower Name: _____

Address: _____

Telephone #: _____ **Borrower B-number:** _____

BORROWER STATEMENT

I have previously received a total and permanent disability discharge from the William D. Ford Federal Direct Loan Program, the Federal Family Education Loan Program (FFELP), or the Federal Perkins Loan Program (NDL). By my signature, I understand that any additional loans I receive from these federal loan programs must be repaid and cannot be canceled on the basis of any impairment present at the time the new loan is made, unless my impairment substantially deteriorates as determined by my physician.

I authorize the release of information pertinent to my schools, lenders, guarantor, subsequent holder, the Department of Education, and their agents.

Signed: _____ **Date:** _____

PHYSICIAN STATEMENT

Instructions to Physician: You are asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines “substantial gainful activity” as, “a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking.”

The borrower for whom you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to medically determinable impairment which was expected to continue for a long and indefinite period of time.

I certify that in my best professional judgment, _____,
(Borrower’s name)

is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Comments:

_____

_____

Name, Address, and Phone Number of Physician:

_____

Signature of Physician (M.D. or D.O.): _____ **Date:** _____