



Chandler-Gilbert | Estrella Mountain | GateWay | Glendale | Mesa  
Paradise Valley | Phoenix | Rio Salado | Scottsdale | South Mountain  
Maricopa Skill Center | NorthWest Skill Center | SouthWest Skill Center

## 2014-2015 Federal Student Aid Loan Discharged Due to Disability Form

Disability  
Loan  
Discharge

### Instructions:

According to the National Student Loan Data System (NSLDS), you have had one or more prior student loans discharged due to total and permanent disability. *In order to continue processing your Federal Student Aid, clarify your need for additional loan consideration by completing and submitting this form to your campus Financial Aid Office.*

### Student Information

Last Name	First Name	MI	Social Security Number	Student ID Number
			XXX-XX-	
Maricopa Email Address			Phone Number with Area Code	
@maricopa.edu				

### Student Additional Information/Clarification: Choose one of the options below.

- ☐ I DO want to be considered for additional student loans.
- You must complete the Student's Certification and Signature Section below, AND
  - Your physician must complete the Physician's Certification and Signature Section below, AND
  - You must submit the completed form to your campus Financial Aid Office.
- ☐ I do NOT want to be considered for additional student loans. \_\_\_\_\_ (student's initials)
- You will be considered for other types of financial aid, but will NOT be considered for student loans.
  - Do NOT complete the remainder of this form. Simply provide your initials above and submit this form to your campus Financial Aid Office.

### Student's Certification and Signature: Completed ONLY if student WANTS to be considered for additional student loans.

I understand that neither any new loan(s) nor conditionally discharged loan(s) can be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanent disabled. (34CFR 674.61 (B) Perkins & 34CFR 685.21 DL)

I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years. I authorize the use of this information and any supporting documentation for all MCCC institutions.

Student's Signature (electronic signature NOT accepted)	Date

### Physician's Certification and Signature: Completed ONLY if student WANTS to be considered for additional student loans.

I certify my patient (the student identified on this form) has a disability condition that has improved and that the student has the ability to engage in substantial gainful activity. Note: the phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician's Signature (electronic signature NOT accepted)	Physician's Name (please print)	Date
Specialty	Physician's Office Address (city, state, zip)	Office Telephone Number