2018-2019 Academic Year

COKER COLLEGE

Disability Discharged Loan

Student Last Name **First Name** **MI** **Student ID Number**

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. You may access your student loan information on-line at www.nslds.ed.gov (Financial Aid Review) using your U.S. Department of Education PIN. You must complete the following certifications and return this form to the Office of Student Financial Planning before you can receive federal student loans. Completion of this form does not guarantee that you will qualify for federal student loans.

COMPLETE IF YOU WANT TO UTILIZE FEDERAL LOANS

_____Yes, I am interested in receiving federal loans and a physician certification is on file from the prior year.

_____Yes, I am interested in receiving federal loans and will be submitting my physician certification to verify my eligibility.

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal 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 my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the Office of Student Financial Planning, the U.S. Department of Education, and to the holder of my loan(s).

_____ _____

Student's Signature Date

Have your physician complete the certification on Page 2 of this form.

Mail this completed form and Physician's Certification Form to the Office of Student Financial Planning.

Coker College
Office of Student Financial Planning | 300 E. College Avenue | Hartsville, SC 29550
843-383-8055 | 843-383-8159 Fax | 800-950-1908 Toll Free | financial_aid @coker.edu

PHYSICIAN'S CERTIFICATION

PHYSICIAN SECTION

The referenced student, _____, 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. 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 he/she is seeking. Your completion of this section will fulfill this requirement.

COMPLETE IF CONFIRMING STUDENT'S GAINFUL ACTIVITY

I certify in my best professional judgment that the above named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education. Warning-Previous student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional student loans. Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Physician Signature **Date**

COMPLETE IF CONDITION HAS NOT IMPROVED

I certify that, in my best professional judgment, the condition of the student named above has not improved enough to allow him or her to engage in substantial gainful activity.

Physician Signature **Date**

PHYSICIAN CONTACT INFORMATION

Physician Name: _____

Address of Practice: _____

City, State, Zip: _____

Office Phone Number: _____
