



2018-2019 Borrower’s Acknowledgment of Ineligibility for Cancellation of Loans

Who Must Submit This Form

A borrower (1) whom the National Loan Data System (NSLDS) indicates has on or more student loans discharged because of a total and permanent disability, and (2) who previously submitted a **Physician’s Certification of Borrower’s Ability to Engage in Substantial Gainful Activity** form must submit this form. The form must be submitted **before** he/she can receive additional federal student loans. **A Borrowers Acknowledgment of ineligibility for Cancellation of Loans** must be completed each time the borrower receives a new loan.

Submission of this acknowledgement from will allow the borrower to secure additional loan(s) under one or more of the following Federal Direct Loans Program: Stafford Loans (subsidized and unsubsidized). PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students, Consolidation Loans.

The Purpose of This Form

The form is used to obtain a borrower’s acknowledgment that any federal student loans received as a result of a physician’s certification of his/her ability to engage in substantial gainful activity cannot be cancelled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total an permanent disability is met.

Definition of Total and Permanent Disability

To be totally and permanently disabled the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death.

This definition calls for judgment decision by a physician (a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in his/her state) as to the borrower’s ability to earn income despite his or her disability. If the disability appears to have a significant adverse effect the borrower’s earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a lone and indefinite period of time, then the borrower shall be considered permanently disabled under this definition.

To Be Completed by Borrower. Please print.

Name of borrower (First , Middle Initial, Last)			Borrower’s Student ID Number	
Address	City	State	ZIP Code	Telephone number ()

Signatures

I understand that the financial aid office may request additional documentation. I further understand that my financial aid will remain incomplete until all necessary documents are submitted.

I acknowledged that hereafter any loans I receive cannot be cancelled in the future on the basis of any present impairment or condition, unless the impairment or condition, unless the impairment or condition substantially deteriorated to the extent that the definition of total and permanent disability is met.

I certify that all information reported on this form is complete and correct to the best of my knowledge. I authorize the Financial Aid Office at TSC to make corrections necessary to resolve any discrepancies found.

WARNING: *If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.*

Student signature: _____ Parent signature: _____ Date: ____/____/____

For office use only: Received by _____