



Office of Student Financial Assistance
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Renewing Eligibility after Discharged Loan

Student Name	
EKU ID Number	
Phone Number	
Academic Year	

Borrower's Statement:

The National Student Loan Data System (NSLDS) indicates that one or more of my federal loans have been discharged due to a disability. By signing below, I acknowledge that any additional loans I receive from the federal loan programs must be repaid and cannot be cancelled 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. Additionally, I agree to reaffirm any previously discharged loans if I am still in the post-discharge monitoring period (3 years from the date of discharge). I understand that I must complete this form each time I receive a new loan.

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

Borrower Signature

Date

Physicians Section:

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge of their student loans as a result of this classification. As stated in the Borrower Statement, the borrower is requesting more financial aid from a federal education loan program. Please respond to the following questions as required by the U.S. Department of Education. The signed Borrower Statement authorizes you to release this information.

- | | | |
|--|-------|----|
| 1. Is the borrower totally and permanently disabled*? | Yes | No |
| 2. Is the borrower able to "attend school?" | Yes | No |
| 3. Is the borrower able to engage in substantial gainful activity? | Yes | No |
| 4. When did the borrower's illness/injury substantially improve? | _____ | |

Comments: _____

Type or Print Name, Address and Phone Number of Physician: _____

Signature of Physician (MD or DO): _____

I am a doctor of (check one) medicine osteopathy and am legally authorized to practice in the state of _____.

*Totally and permanently disabled is defined as the condition of an individual who is unable to work and earn money or attend school because of injury or illness that is expected to continue indefinitely or result in death.