



**OHIO**  
UNIVERSITY  
Financial Aid

**Loan Discharge Affirmation Form  
2012-2013**

Office of Student Financial  
Aid and Scholarships  
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\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student PID (Pxxxxxxxxx)**

Because you have previously had federal student loans discharged due to a total and permanent disability, you are not eligible for further federal loans. In some cases, however, it is possible your eligibility could be reinstated. Please read the following two options and complete this form as appropriate. **You must complete this form and return it to our office before further processing of your aid continues.**

**NOT REQUESTING LOAN CONSIDERATION**

If you are not requesting federal loans, but are interested in receiving other types of financial aid, please read and sign the following statement.

I do not wish to be considered for federal loans for the 2012-2013 academic year. However, I would like to be considered for all other types of financial aid.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

**REQUESTING LOAN CONSIDERATION**

If you would like to be considered for federal student loans, you must complete this side of the form and your physician must complete the back side (or second page). This form must be completed fully and returned to our office. If the prior loans were discharged between July 1, 2002 and June 30, 2003 inclusive, you must also reaffirm the discharged loan if less than three years have passed since you became totally and permanently disabled. If the prior loan was *conditionally* discharged on or after July 1, 2003 and your three year period has not yet elapsed, this signed statement also affirms that collection will resume on the old loan (**which must begin before receipt of any new loan**). You must read and sign the following statement.

By signing this form, I am agreeing that any federal student loans borrowed during the 2012-2013 academic year will not be cancelled in the future based on my present impairment unless my condition substantially deteriorates. This includes any Federal Perkins Loans or any Federal Direct Stafford Loans (subsidized or unsubsidized). In addition, if my loan was conditionally discharged on or after July 1, 2003 and my three year period has not yet elapsed, I understand that collection will resume on the old loan. My required physician's statement is attached.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**



\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student PID (Pxxxxxxxxx)**

According to the National Student Loan Database System (NSLDS), one or more of this student's prior federal loans have been discharged due to a total and permanent disability. This discharge means that the borrower may not be considered for further federal student loans unless eligibility is re-established. Eligibility can be re-established by submitting a statement from a legally licensed physician stating that the borrower is no longer totally and permanently disabled. The borrower must also acknowledge that he or she will repay future loans.

**PHYSICIAN STATEMENT**

The above referenced student was previously classified as totally and permanently disabled and received a discharge of his or her federal loans as a result of the classification. The student is now requesting more federal loans. Please respond to the following question as required by the U.S. Department of Education:

Is the borrower totally and permanently disabled and, therefore, unable to work and earn money\*?

Yes       No

\*Totally and Permanent Disability means that a student must be unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. NOTE: This standard may be different from standards used under other private and public programs in connection with occupational disability or eligibility for social services.

Provide any comments that you have in regard to the student's condition that is pertinent in determining his or her ability to participate in gainful employment.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Licensed As**

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**State of Licensure**

\_\_\_\_\_  
**License #**

\_\_\_\_\_  
**Physician Address**

\_\_\_\_\_  
**Physician Phone**

\_\_\_\_\_  
\_\_\_\_\_