

Certification of Loan Discharge

Name:	Student ID#:
Address:	Phone:
City, State:	Zip Code:

I understand that my new federal student aid loan cannot be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

I also understand that if I am within the three-year provisional period for disability cancellation of a prior loan, I must resume payment of that loan.

Student Signature: _____ Date: _____