

## Financial Aid Office

## 2023-2024 Student Statement

Student Name:	Student SSN:
Instructions for Student: You are being a	asked to complete and sign this form to certify that you,
whose loan(s) were previously discharge	ed due to a total and permanent disability, are presently
able to engage in substantial gainful acti	ivity because your disabling condition or impairment has
substantially improved. If a borrower w	hose prior loan was discharged due to a total and
permanent disability wishes to take out	another FSA loan, he/she must obtain a physician's
certification* that he/she has the ability to engage in substantial gainful activity, and he/she must	
sign a statement that he/she is aware th	ne new FSA loan can't later be discharged for any present
impairment unless it deteriorates so tha	t he/she is again totally and permanently disabled.
* The student only needs to obtain the physician certificat collect a new borrower acknowledgment from the studen	tion once; the school keeps a copy of it in the student's file. But the school must it each time he receives a new loan.
My,	_, impairment(s) has improved sufficiently to allow me to
Borrower's Name	
	e phrase "substantial gainful activity" generally describes a
	ntly physically recovered to be capable of attending school, udy, and securing employment in order to repay the new
loan the borrower is seeking.	day, and securing employment in order to repay the new
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Student's Signature:	Date:
Student's Name (printed):	