

**2020-2021 REQUEST TO RE-ESTABLISH FEDERAL STUDENT LOAN  
 ELIGIBILITY AFTER DISCHARGE OF PRIOR EDUCATIONAL LOAN(S)  
 DUE TO TOTAL AND PERMANENT DISABILITY**

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

Student ID # \_\_\_\_\_

According to your NSLDS record, one or more of your prior federal educational loans has been discharged due to total and permanent disability. This discharge means that you may not be considered for further federal student loans unless you re-establish eligibility by submitting this form signed by both you, and a licensed physician.

**PHYSICIAN CERTIFICATION**

I certify that my patient, \_\_\_\_\_, is able to engage in substantial gainful activity such as working or attending school.

Physician Signature and Title \_\_\_\_\_

Date \_\_\_\_\_

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

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

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

**STUDENT CERTIFICATION**

I certify that I am aware that any new federal educational loans cannot be discharged in the future on the basis of any impairment present at the time the new loan is accepted unless the impairment substantially deteriorates. In addition, acceptance of a new federal educational loan may prevent final discharge of prior educational loans which were conditionally discharged due to total and permanent disability after July 1, 2002.

Once completed, this form may be submitted via your mySVC email account, to [financial.aid@skagit.edu](mailto:financial.aid@skagit.edu). Note: this email address is for document submission only.

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

Date \_\_\_\_\_

SVC FINANCIAL AID OFFICE USE ONLY		
<b>LD</b>		<b>INITIALS &amp; DATE:</b>