



Total and Permanent Disability Loan Certification Form

Student's Information			
Last Name:		First Name:	
M.I.	GBC ID #:	Date of Birth:	
Street Address:			
City:		State:	ZIP Code:

According to the U.S. Department of Education, you had one or more federal student loans discharged because of total and permanent disability. This certification form allows you to reestablish your eligibility for Federal Student Loan Programs after prior discharges of your federal student loans due to total and permanent disability. Please understand that completion of this form ***does not*** constitute or guarantee that you will qualify for eligibility for the various Federal Student Loan programs.

YOU MUST COMPLETE THIS SECTION IF YOU DO NOT INTEND TO REGAIN FEDERAL STUDENT LOAN ELIGIBILITY

I am not interested in receiving federal student loans and revoke my opportunity to reestablish federal student loan eligibility.

I am not interested in receiving federal student loans and revoke my opportunity to reestablish federal student loan eligibility. I am interested in any grants, and work-study funding.

_____ Student Signature	_____ Date
<i>Pen/Ink signature REQUIRED. Computer generated signatures are not acceptable.</i>	

COMPLETE THIS SECTION IF YOU WISH TO REESTABLISH FEDERAL STUDENT LOAN ELIGIBILITY

I am interested in reestablishing federal student loan eligibility and receiving federal student loans at Goldey-Beacom College. I am also submitting a Physician Certification that states I can engage in substantial gainful activity.



**PLEASE READ THE FOLLOWING SECTION
CAREFULLY**

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future based on any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

I acknowledge that if my prior Total and Permanent Disability discharged loan is within the three-year provisional period allowed for disability cancellation, I am required to resume payment on that loan.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the Financial Aid Office, the U.S. Department of Education, or to the holder of my loan(s).

Student Signature

Date

Pen/Ink signature REQUIRED. Computer generated signatures are not acceptable.

Per the U.S. Department of Education's regulations, students submitting this certification form must provide a licensed physician assistant statement certifying both that they are no longer totally and permanently disabled and that they may now engage in "substantial gainful activity"—the physician's statement must include this language. There are no exceptions to this policy. The statement must be on professional letterhead and contain contact information for the physician and their practice.

Failure to abide by these conditions as outlined in this document will automatically deny your request to receive additional federal student loans as a student at Goldey-Beacom College.

Please get in touch with the Financial Aid Office by emailing finaid@gbc.edu or calling 302-225-6264 to discuss this policy or form in more detail.