Governors State University

Office of Financial Aid
www.govst.edu/finaid
708.534.4480
Fax: 708.534.1172

2015-2016 LOAN DISCHARGE/DISABILITY VERIFICATION FORM

STUDENT INFORMATION

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.**

Student Name: _____ GSU ID #_____ Last 4 digits of SS#:_____
Please Print Last First

Permanent Home Address: _____ _____
City State Zip Code

Student's Date of Birth: _____Home Phone #: _____Cell #: _____

Email Address: _____@student.govst.edu

The U.S. Department of Education's records indicate that you have one or more students loans and/or TEACH grant discharged due to Total and Permanent Disability (TPD).

LOAN DISCHARGED DUE TO DISABILITY VERIFICATION

By signing below, you are requesting federal loan funds and you are aware that any new Federal Loan cannot later be discharged for any present impairment unless it deteriorates so that you are again totally and permanently disabled. If your prior loan was conditionally discharged and the conditional period has not elapsed, you are affirming by signing below that collection will resume on the conditionally discharged loan and unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present when the conditional discharge was granted or when you requested the new loan.

CERTIFICATION STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

_____
Student's Signature Date

PHYSICIAN CERTIFICATION

*This section **must** be completed by your physician.*

Physician Certification: I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking. I understand that I may be contacted by GSU Office of Financial Aid for clarification of this student's status.

Physician's Full Name	**LICENSE NUMBER**	**SPECIALTY**
OFFICE ADDRESS	**CITY, STATE, ZIP**	**PHONE NUMBER**

_____
Physician's Signature Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

CRI CODE: FAC15LDD