



2013-2014 LOAN DISCHARGE/DISABILITY VERIFICATION

STEP 1: 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:	Last	GSU ID #	:	Last 4 digits of SS#:	
Permanent Home Add	ress:				
	City		State	Zip Code	
Student's Date of Birth	n:	Home Phone #:		Cell #:	
Email Address:					
 due to Total and Perm Please submit substantial ga Please submit grant were di Please sign th TPD discharg 	of Education's rectanent Disability (a physician's ceruinful employment a letter from the scharged due to The Borrower Acknet cannot be discharged to the control of the c	TPD). tification <u>SIGNED</u> by a qualifie t. U.S. Department of Education 'otal and Permanent Disability	d physician stat that confirms th (TPD). It you understan ent.	nt loans and/or TEACH grant discharging that you have the ability to engage nat your student loans and/or TEACH and that any new student loans after you ocumentation.	e in
I have attached the fol	lowing document	ation (please check):			
employment. Copy of a letter and Permaner	er from the U.S. Dont Disability.		ming your stude	ity to engage in substantial gainful ent loans were discharged due to Tota year.	ıl
STEP 3: CERTIFICAT	ION AND SIGNAT	URES			
Each person signing the must sign and date thi		tifies that all of the information	n reported on it	is complete and correct. The student	
Student's Signature		Date	misleading	If you purposely give false or information on this worksheet, you	