



## Borrower Acknowledgement Statement Total and Permanent Disability Discharge

Student's Name: \_\_\_\_\_ T: \_\_\_\_\_  
Last First

The National Student Loan Data System (NSLDS) indicates that you have one or more federal student loans and/or TEACH Grant service obligations discharged because of a total and permanent disability. You must submit a Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Employment form to the Financial Aid Office, **if you have not previously done so.**

Each time you wish to receive an additional federal student loan while attending University of Detroit Mercy, you must complete this form and submit it to the Financial Aid Office. It is your responsibility to initiate a new loan request by completing and submitting a new form.

A physician's certification is required only once before a student may borrow new federal loans after a disability discharge. The school will maintain this certification in the student file.

A signed certification from my physician is attached.

I have previously submitted a signed certification from my physician.

### Borrowers' Acknowledgement Statement

By signing, I acknowledge and agree that any new federal student loans that I obtain under the Higher Education Act of 1965, as amended, cannot be cancelled, or forgiven based on any impairment present when the new loan is made, unless that impairment substantially deteriorates. I also acknowledge that:

1. I am applying for one or more federal loans.
2. I currently have the ability to engage in substantial gainful activity in order to repay the new loan(s).
3. If I request a new loan during the post-discharge monitoring period or conditional discharge period, I must resume payment on the old loan before receipt of the new loan.

\_\_\_\_\_  
Signature (must be handwritten with ink or stylus) T number Date

Return this form to Scholarship & Financial Aid Office

In-person/Mail: 181 Student Union  
4001 W McNichols  
Detroit MI, 48221

#### Financial Aid Office Use Only

Physician's Certification on File      Yes      No – requested from student  
Satisfy Tracking Requirement on RRAAREQ      Document noted in RHACOMM

Counselor Signature: \_\_\_\_\_ Date: \_\_\_\_\_