

BORROWER ACKNOWLEDGEMENT
DISABILITY RELEASE

I acknowledge that I previously had a student loan(s) canceled due to total and permanent disability*. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan I am now applying for and may receive, and any subsequent student loan(s) I may apply for and may receive hereafter, may not be canceled due to any present impairment(s) unless my physician certifies the impairment(s) has substantially deteriorated to the point of total and permanent disability*. I also acknowledge that collection (which must begin before receipt of the new loan) will resume on any conditionally discharged loan(s) in which the conditional period hasn't elapsed and that unless my condition substantially deteriorates, the prior loan can't be discharged in the future for any impairment present when the conditional discharge was granted or when I request a new loan.

Borrower Signature

Date Signed

Borrower Printed Name

Borrower Social Security Number

*Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. *34 CFR 682.200(b)*