CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Office of Financial
Aid and Scholarships

Return to:
5500 University Parkway UH 150
San Bernardino, CA 92407
Tel: (909) 537-5227
Fax: (909) 537-7024

2021-2022 Loan Discharge Certification

Name: _____   Coyote ID: _____

Phone Number: _____

The National Student Loan Data System (NSLDS) indicates that one (or more) of your federal student loans has been discharged due to disability. If a borrower, whose prior loan(s) was discharged due to a total and permanent disability, wishes to borrow another federal student loan, he/she must obtain a physician's certification indicating ability to engage in substantial gainful activity.

If you are not interested in applying for any federal student loans, please complete Section I. If you are interested in federal student loans, please follow the instructions in Section II.

Section I:

[ ] **I am not interested in applying for federal student loans.**

Student Signature: _____   Date: _____

Section II:

[ ] **I am interested in applying for federal student loans.**

1. Attach a physician's certification (on business letterhead) stating that you are able to engage in "substantial gainful activity".

   "Substantial gainful activity" refers to a situation in which a borrower is sufficiently recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan(s).

2. Read and acknowledge the Borrower Certification below:

   I certify that I have had prior student loan(s) discharged due to Total And Permanent Disability. I acknowledge that any new loans I receive may not be discharged due to the same disability as my prior loan(s) unless my condition substantially deteriorates.

   I acknowledge that if prior loans have been discharged within the last three years under the "three year conditional discharge" period, borrowing additional student loans will void the prior discharge; and I will resume payment on those loans.

I certify that all information reported on this form and any attachments are true, complete and accurate.

Student Signature: _____   Date: _____