CALIFORNIA STATE UNIVERSITY
SAN BERNARDINO

Office of Financial
Aid and Scholarships

2018-2019 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 have been discharged due to disability. If a borrower whose prior loan(s) were discharged due to a total and permanent disability wishes to borrow another federal student loan, they must obtain a physician's certification indicating he or she is able 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, 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) expressing 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, able to successfully complete a program of study and secure 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 that 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 ad I will resume payment on those loans.

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

Student Signature: _____   **Date:** _____