



## 2018 – 2019 Total and Permanent Disability Certification

**Student Name:** \_\_\_\_\_ **Roosevelt ID** \_\_\_\_\_

Your FAFSA (Free Application for Federal Student Aid) indicates that you have had one or more federal student loans discharged because of total and permanent disability. Alternatively, you have an active application for federal student loan discharge because of total and permanent disability. Your eligibility for federal student loans at Roosevelt University cannot be determined until this certification is complete. **Complete this certification only if you wish to borrow federal loans for the 2018-2019 academic year.** You are responsible for the payment of institutional charges due to Roosevelt University by the published due dates.

To borrow federal student loans, you must do the following:

1. Read and sign this form and return it to the Office of Financial Aid Services.

Attach a licensed physician's statement certifying both that you are no longer totally and permanently disabled and that you are now fit to engage in "substantial gainful activity" or you "can attend school."

The physician's statement must contain the language that appears in quotes above. The statement must be on professional letterhead with contact information for the physician. Student name and RU ID must be on all documents submitted.

Please note: If you have a prior federal loan(s) that are within the three-year provisional period allowed for disability discharge, you will be required to resume repayment.

**Student Certification:** I acknowledge that any new loan(s) that I receive from Roosevelt University may not be discharged due to the same disability as my current disability discharge even if my disabling condition substantially deteriorates. Attached is a statement from my doctor that I may now engage in "substantial gainful activity" or "can attend school."

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

By signing this form, I certify the information on this form and any attachments are accurate and complete to the best of my knowledge. If requested, I agree to provide documentation to verify the information I have provided on this form. I understand that any false statements or misrepresentation may be cause for denial, reduction, withdrawal, and/or repayment of financial aid and, I may be reported to the Office of the Inspector General and/or subject to a fine, imprisonment or both, under provisions of the United States Criminal Code.

PHYSICAL SIGNATURE – DO NOT TYPE

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Submit this worksheet in person to FAS-1M16/Wabash Bldg, by email to [fas@roosevelt.edu](mailto:fas@roosevelt.edu), or by fax to **(312) 341-3545**  
**RRAREQ: TPD**