Office of Financial Aid Services
425 S. Wabash Ave - Suite 1M16
Chicago, Illinois 60605
Phone: (866) 421-0935
Fax: (312) 341-3545
Email: fas@roosevelt.edu

2020–2021 BORROWERS ACKNOWLEDGEMENT: LOAN DISCHARGE FORM

Eligibility Reinstatement Form for Federal Student Loan Program After Total and Permanent Disability Discharge

This form serves to reestablish your eligibility for the Federal Student Loan Program when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for a Federal Student Aid Program.

Student Name: _____ Date of Birth: ___/___/___, Student ID Number: _____.

The Department may reinstate your obligation to repay your discharged federal student loans if at any time during the 3-year monitoring period:

- You have annual employment earnings that exceed the **Poverty Guideline amount** for a family of two in your state, regardless of your actual family size;
- You receive a new William D. Ford Federal Direct Loan (Direct Loan) Program loan, Federal Perkins Loan (Perkins Loan) Program loan, or TEACH Grant;
- A disbursement of a Direct Loan, Perkins Loan, or TEACH Grant that you received before the discharge date is made, and you do not ensure the return of the full amount of the disbursement within 120 days of the disbursement date; or
- You receive a notice from the SSA stating that you are no longer totally and permanently disabled, or that your disability review will no longer be the 5-year or 7-year review period indicated in your most recent SSA notice of award for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI) benefits.

COMPLETE IF YOU WISH TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

- O Yes, I am interested in receiving only Federal loans and my Physician has certified my eligibility.
- O Yes, I am interested in receiving Federal student aid (Federal Grants/Federal Work Study/Federal Loans) and my physician has certified by eligibility.

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to my disability for which I previously received discharge/cancellation of my loan(s) to make information from such records available to the Office of Financial Aid Services, the U.S. Department of Education, or the holder of my loan(s).

PHYSICAL SIGNATURE – DO NOT TYPE

Student Signature **Date**

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2020–2021 PHYSICIAN CERTIFICATION

Student Name: _____ Roosevelt ID: _____.

Physician certification required for Federal Student Aid Programs After Permanent Disability Discharge

This referenced student,_____, was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. The student is now requesting loan assistance from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a previous borrower is once again able to engage in substantial gainful activity, i.e., the person has sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay new loans he/she borrows. Your completion of this section will assist with fulfillment of this requirement.

COMPLETE IF CONFIRMING STUDENT'S GAINFUL ACTIVITY

I certify in my best professional judgment that the above named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Warning-Previous student loan debts have been canceled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional student loans. Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Physician's Signature: _____ Date: _____

COMPLETE IF CONDITION HAS NOT IMPROVED

I certify in my best professional judgment, the condition of the student has not improved enough to allow him or her to engage in substantial gainful activity.

Physician's Signature: _____ Date: _____

PHYSICIAN CONTACT INFORMATION

Please type or print the following –

PHYSICIAN NAME: _____

ADDRESS OF PRACTICE: _____

CITY – STATE – ZIP CODE: _____

TELEPHONE NUMBER: _____

RRAAREQ: TPD