



Disability Notice for Conditional Discharges and Reaffirmation

According to information we received from the National Student Loan Data System (NSLDS), you have loans that were cancelled because of total and permanent disability based on conditional discharge. You are **ineligible** to receive federal or state financial aid funds unless certain conditions are met. We encourage you to resolve this issue as quickly as possible.

1. _____ If you don't want to borrow a federal student loan, complete the top section, sign and date here, and submit this form to the Financial Aid Office:

Student Signature: _____ Date: _____
Student ID # _____ Phone # _____

2. _____ If you want to borrow a federal student loan, you must:

1. Reaffirm (promise to repay) the previously discharged loan. Collection on the previously discharged loan must begin prior to receiving additional loan funds. Submit documentation from your lender that you are repaying the loan. **-OR-**
2. Be making satisfactory payment arrangements on the previously discharged loan you have reaffirmed. Submit documentation from your lender that you have made six consecutive, full, and voluntary payments on time.
3. Sign the "Student Certification" below.
4. Have a legally licensed physician complete the "Physician Certification" below.
5. Return this form with your name, student ID number, all required documentation, and certification sections completed.

Student Certification:

I, the student, am requesting consideration for federal student loans. I understand that collection activity will resume on the loan that was conditionally discharged, and that the loan cannot be discharged due to an impairment that existed at the time the discharge was granted or at the time the new loan is made, unless that impairment substantially deteriorates. I certify I do not have at the present time an illness or injury which would prohibit me from being able to work and earn money or go to school. I am aware the federal student loans cannot be cancelled at a later time on the basis of any present impairment unless the condition substantially deteriorates.

Student Signature: _____ Date: _____

Physician Certification:

The student listed above is requesting consideration for federal student loans. You are being asked to certify that the student is able to engage in substantial gainful activity.

I am a (check one) () Doctor of Medicine () Doctor of Osteopathy legally authorized to practice in the state of _____ and my professional license number issued by that state is _____. I certify, to the best of my professional judgment, the student does not have an illness or injury that would prohibit the student from being able to work and earn money or go to school indefinitely.

Physician's Signature _____ Date _____

Physician's Printed Name _____ Phone # _____

Please return form to:
Mount Vernon Nazarene University, Financial Aid Office
Attn: Vickie Williams
800 Martinsburg Road, Mount Vernon, OH 43050