

## 2013-2014 LOAN DISCHARGE/DISABILITY VERIFICATION

## **STEP 1: STUDENT INFORMATION**

Please complete this verification form and provide copies of all requested paperwork within **15 days** of receipt to Governors State University. **Incomplete paperwork will not be accepted, thereby delaying the processing of your financial aid award.** 

| Student Name:    |            |            | GSU ID # | Last 4 digits of SS#: |  |
|------------------|------------|------------|----------|-----------------------|--|
| Please Print     | Last       | First      |          |                       |  |
| Permanent Hom    | e Address: |            |          |                       |  |
|                  |            | City       | State    | Zip Code              |  |
| Student's Date o | f Birth:   | Home Phone | #:       | Cell #:               |  |
| Email Address: _ |            |            | _        |                       |  |

## STEP 2: What you should do:

The U.S. Department of Education's records indicate that you have one or more student loans and/or TEACH grant discharged due to Total and Permanent Disability (TPD).

- Please submit a physician's certification <u>SIGNED</u> by a qualified physician stating that you have the ability to engage in substantial gainful employment.
- Please submit a letter from the U.S. Department of Education that confirms that your student loans and/or TEACH grant were discharged due to Total and Permanent Disability (TPD).
- Please sign the Borrower Acknowledgment below, stating that you understand that any new student loans after your TPD discharge cannot be discharged for any present impairment.

Return this original form to our office along with a copy of the following requested documentation.

I have attached the following documentation (please check):

- □ Copy of certification from a qualified physician stating that you have the ability to engage in substantial gainful employment.
- □ Copy of a letter from the U.S. Department of Education confirming your student loans were discharged due to Total and Permanent Disability.
- □ Requested documentation is on file with your office, from a previous school year.

## **STEP 3: CERTIFICATION AND SIGNATURES**

Each person signing this worksheet certifies that all of the information reported on it is complete and correct. The student must sign and date this worksheet.

| Student's Signa | ture |
|-----------------|------|
|-----------------|------|

Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.