

2014-2015 LOAN DISCHARGE/DISABILITY VERIFICATION FORM

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 Home Address: _____
City State Zip Code

Student's Date of Birth: _____ Home Phone #: _____ Cell #: _____

Email Address: _____@student.govst.edu

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 SIGNED 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.

SECTION 2 – LOAN DISCHARGED DUE TO DISABILITY VERIFICATION

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 STATEMENT

I certify that all information reported on this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal and/or repayment of financial aid.

Student's Signature

Date

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