



Office of Financial Aid & Scholarships
1 University Parkway
University Park, IL 60484
708.534.4480
govst.edu/financialaid

2026-2027 LOAN DISCHARGE/DISABILITY: VERIFICATION FORM

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: _____ GovState ID#: _____ Last 4 digits of SS#: _____
Please Print Last First

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

Email Address: _____

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

IF YOU ARE NOT INTERESTED IN RECEIVING FEDERAL LOANS FOR THIS ACADEMIC YEAR, SIGN AND DATE BELOW; NO FURTHER ACTION IS NEEDED. IF YOU ARE ELIGIBLE FOR ANY GRANTS, THOSE WILL STILL BE AWARDED.

Student's Signature Date

LOAN DISCHARGED DUE TO DISABILITY VERIFICATION

By signing below, you are requesting federal loan funds, and you are aware that any new Federal Loan cannot later be discharged for any present impairment unless it deteriorates so that you are again totally and permanently disabled. If your prior loan was conditionally discharged and the conditional period has not elapsed, you are affirming by signing below that collection will resume on the conditionally discharged loan and unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present when the conditional discharge was granted or when you requested the new loan.

CERTIFICATION STATEMENT

I certify that all information reported in 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

IF YOU HAVE PREVIOUSLY SUBMITTED A CERTIFICATION FROM YOUR PHYSICIAN, CHECK THE BOX BELOW, AND NO FURTHER ACTION IS NEEDED:

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



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2026-2027 LOAN DISCHARGE/DISABILITY: PHYSICIAN CERTIFICATION

Student Name: _____ GovState ID#: _____ Last 4 digits of SS#: _____
Please Print Last First

If you have not provided a physician's certification in a previous academic year, your physician must complete this section.

Physician Certification: I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment to repay the new loan the borrower is seeking. I understand I may be contacted by GovState Office of Financial Aid & Scholarships for clarification of this student's status.

Physician's Full Name	LICENSE NUMBER	SPECIALTY
OFFICE ADDRESS	CITY, STATE, ZIP	PHONE NUMBER

Physician's Signature Date

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