



## 2026-2027 Borrower Acknowledgment Form

For reinstatement of student loan eligibility after earlier discharge of loans due to total and permanent disability

**Directions:** Carefully read the entire form so that you understand that what you are affirming when you sign below. After you complete this form, please return scanned copies of this form and the completed Physician Certification Form to the Financial Aid Office.

### Borrower Acknowledgements

I acknowledge that I am now applying for one or more new student loans. I previously received one or more student loans which were canceled due to my total and permanent disability. I acknowledge that I now have the ability to engage in substantial gainful activity, which means I am now capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loans. I have requested my physician to certify that my impairment has improved sufficiently so that now I have the ability to engage in substantial gainful activity.

I understand that any new student loans I receive, now or in the future, cannot be canceled due to any impairment which is present at the time I apply for or receive the new student loans unless my physician certifies that the impairment has substantially deteriorated, after I receive the new loans, to the point that I am once again totally and permanently disabled.

I understand that total and permanent disability, for purposes of discharging a federal student loan, is defined as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Borrower's Printed Name

\_\_\_\_\_  
Borrower's Social Security Number  
(Required for Financial Aid Purposes)