



Office of Financial Aid 2026-2027 Discharge Due to Disability Form

Student Statement Regarding Additional Loan Request After Prior Discharge

Date: _____

Student Name: _____

Student ID: _____

By signing this form I agree to borrow additional loans to assist with my educational goals. I understand I cannot discharge these loans for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I also agree that I have the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Student Signature: _____

Physician Statement Regarding Disability Discharge

Date: _____

Student Name: _____

Student ID: _____

The above referenced student is pursuing a higher education degree and is requesting to borrow federal student loans to assist with covering tuition costs. By signing this form, I agree the student has the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Physician Printed Name: _____

Physician Signature: _____

Physician Address: _____

Physician Office Phone Number: _____

Please return this document to the Financial Aid Office in-person (Main Building, Suite 24) or via email financialaid@bccc.edu.

If you have questions, contact the Office of Financial Aid via email financialaid@bccc.edu or phone 410-462-8333.