



UMA Office of Financial Aid
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2023-2024 Loan Discharge Affirmation

This form is to be used by students to certify that they are now able to engage in substantial gainful activity in order to borrow additional federal student loans.

Student Name _____ Student ID: _____

Address _____ Phone # _____
 Street City/Town Zip Daytime

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to total and/or permanent disability. **In order to be considered for a federal student loan, you must:**

- Attach written documentation from your physician (on their letterhead) indicating that you are now able to engage in “substantial gainful activity” (you are able to work and earn money)
- Read and sign the Prior Loan Discharge Acknowledgement Statement below

PRIOR LOAN DISCHARGE ACKNOWLEDGEMENT STATEMENT

I understand and acknowledge that:

- The new loan I receive cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.
- If my discharged loans are considered to be in the conditional discharge period, I understand that neither the previous conditionally discharged loan(s) nor the new loan I receive can be discharged in the future on the basis of any injury or illness present when I applied for a total and permanent disability discharge or at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled. I also understand that the conditionally discharged loan(s) will be removed from conditional discharge status.

Enrollment period you want to be considered for federal student loan(s): Semester _____ Year _____

I have read the acknowledgement above and am choosing to **NOT** access any federal direct loans towards my cost of attendance. If any disbursements have been made on my account **after** my discharge date, those funds will be returned and I am responsible for any balance due to the University.

Student’s Signature _____ Date _____

FOR OFFICE USE ONLY:

Dr.’s Note Sufficient Y / N Complete: Yes / No (date returned to student) _____ SAP Issues Y / N Decision: Approved / Denied

Rec’d by FAO: _____ Reviewed by: _____ Date: _____ Revised: 9/9/2022