

2014-2015 LOAN DISABILITY DISCHARGE REINSTATEMENT

Eligibility Reinstatement Form for Federal Student Loan Programs after a Previous Total and Permanent Disability Discharge

This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

STUDENT SECTION

Name (please print): _____ Date of Birth: _____

Social Security Number: _____ Telephone: _____

COMPLETE IF YOU DO NOT INTEND TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

_____ No, I am not interested in receiving Federal loans.

_____ I am not interested in receiving loans, but am interested in grants and/or Federal Work Study.

Student Signature

Date

COMPLETE IF YOU WISH TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

_____ Yes, I am interested in receiving Federal loans and have a Physician Certification on file from a prior year.

_____ Yes, I am interested in receiving Federal loans and will be submitting my Physician Certification to verify my eligibility.

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the University of Wisconsin-Parkside, the U.S. Department of Education, or to the holder of my loan(s).

Student Signature

Date