WAGNER COLLEGE

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Acknowledgement of Obligation and Ineligibility for Discharge of Federal Student Loans

The National Student Loan Data System (NSLDS.ed.gov) indicates that you have one or more federal student loans and/or TEACH Grant service obligations discharged because of a total and permanent disability. In order to be considered for a federal student loan you must print, complete and return this form to the financial aid office.

Student Name:_____

Wagner College ID#:_____

If you want to apply for a federal student loan, please complete Section I and have your physician complete Section II.

SECTION I: To be Completed by the Student

_____ Yes, I am interested in receiving Federal Direct Loans and will have my physician complete the Physician Certification section of this form.

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. Additionally, they cannot be canceled in the future on the basis of any impairment 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 record available to the Office of Financial Aid, the U.S Department of Education, or to the holder of my loan(s).

Signature_____ Date_____

Definitions:

Federal student loans: Direct Subsidized Loans, Direct Unsubsidized Loans, Direct PLUS Loans for parents of dependent undergraduate students and for graduate or professional students, and Direct Consolidation Loans.

Total and Permanent Disability:
Total and permanent disability is the condition of an individual who:

- is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; OR
- has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Substantial Gainful Activity: A level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Borrower Acknowledgement:

I acknowledge that:

1. I am applying for one or more federal loans.

2. I currently have the ability to engage in substantial gainful activity as defined above in order to repay the new loan.

3. Any federal loan(s) I receive as a result of a physician's certification of my ability to engage in substantial gainful activity **cannot** be discharged based on any present impairment unless that present impairment or conditions deteriorates so that I again meet the definition of having a total and permanent disability; **AND**

4. If I request a new loan during the post-discharge monitoring period or conditional discharge period, I must resume payment on the old loan before receipt of the new loan.

5. If it is determined that I am unemployable by the VA due to a service-related disability I am not subject to a monitoring period and not required to resume repayment on the discharged loan, however I must provide the borrower acknowledgement and the physician's certification.

Borrower Certification:

By signing this form, I, _____(print name), am certifying that I have read the above Borrower Acknowledgment statements and agree to all terms.

Student Signature _____ Date _____

Wagner College ID #: _____

SECTION II: To Be Completed by the Physician

Physician Instructions:

1. You may complete this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.

2. You are being asked to complete, sign, and date this form to certify whether the borrower does or does not meet the definition of total and permanent disability and whether the borrower is able to engage in substantial gainful activity (see definitions above).

Physician's Certification (Check One)

_____ I certify that in my professional medical judgement, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

_____ In my professional medical judgement of the patient/borrower named above, I **CANNOT** certify that he/she is able to engage in substantial gainful activity.

Date borrower became able to work and earn wages (MM/DD/YYYY):_____

Physician Signature:	Physician Name:	Date:
Address of Practice:		Telephone Number:
I am doctor of (check one): ____Medicine _____Osteopathy	License Number:	State of License: