

**HOLYOKE
COMMUNITY
COLLEGE**

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

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www.hcc.edu

Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

**2017-2018 Federal Student Aid
Loan Discharge Due to Disability Form**

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to a total and/or permanent disability. This form serves to re-establish 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.

Name: _____ Student ID #: _____ Date of Birth: _____

Please check the appropriate line and sign the Student's Certification:

- I am **NOT** interested in receiving federal student loans.
- I **AM** interested in receiving federal student loans and understand that I may be requested to submit a Physician's Certification Form.
- I **AM** interested in receiving federal student loans and have a Physician Certification on file from a prior year.

Student's Certification

Per Federal Regulations:

If the student has received a Total and Permanent Disability Discharge, the student is not eligible to receive further Title IV loans or TEACH Grants unless the student provides: (1) a statement from his/her physician certifying that the student is able to engage in substantial gainful activity; and (2) a statement, signed by the student, acknowledging that the new Title IV loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so that the student is once again totally and permanently disabled.

If asked by an authorized official, I agree to provide additional information such as a physician certification. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Student Signature: _____ **Date:** _____

For more information, please contact:

Total and Permanent Disability (TPD) Servicer contact information:
Phone: 1-888-303-7818
E-mail: disabilityinformation@nelnet.net