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303 Homestead Avenue Holyoke, MA 01040 413.538.7000

Student Siganture:\_\_\_

For more information, please contact:

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

Date:

## 2025-2026 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

discharged due to total and permanent di Programs.	sability. Finishing this form does not assure that y	ou will qualify for the Federal Student Loan
Name:	Student ID #:	Date of Birth:
Please check the correct line and sign th	e Student's Certification:	
I do <b>NOT</b> want federal studen	t loans.	
I want federal student loans an	nd know that I have to submit a Physician's Certifi	cation Form.
I want federal student loans an	nd have a Physician Certification on file from a pri	or year.
	<b>Federal Regulations:</b>	
Grants unless the student provides: (1) a activity; and (2) a signed statement by the	ermanent Disability Discharge, the student is not a statement from his/her physician certifying that the student, accepting that the new Title IV loan or ent present when the new loan or TEACH Grant is not permanently disabled.	te student is able to engage in substantial gainful TEACH Grant service debt cannot be discharged
	Student's Certification	
If asked, I agree to provide more inform	ation such as a physician certification. I know that	t giving false or misleading data on this form

Total and Permanent Disability (TPD) Servicer contact information: Phone: 1-888-303-7818

may result in a decrease or repayment of aid, fines and/or imprisonment in this and/or future years.

E-mail: disabilityinformation@nelnet.net