



**Office of Student Financial Aid and Student Employment
2009-2010 Discharged Loan Verification**

Student's Name: _____ Student ID: _____

SSN: _____

Dear Student,

The Office of Student Financial Aid has received information from the Department of Education indicating you have had one or more student loans discharged because of total and permanent disability. Before we can determine if you are eligible for another student loan, you must do the following:

- Read and sign this form and return it to our office.
- **Attach a letter from a doctor stating you may now engage in “substantial gainful activity.”**

If you have any questions regarding this, please feel free to contact our office at (330) 972-7032.

Sincerely,

The Office of Student Financial Aid

Please do not return this sheet without a doctor's statement attached. If you do not wish to receive a loan, but would like other financial aid processed (if eligible), please indicate below.

I do not wish to receive a Stafford Loan. Please process any grants, if eligible.

Certification Statement: I acknowledge that any new loan I receive from The University of Akron may not be discharged due to the same disability as my prior loan(s) unless my disabling condition substantially deteriorates. Attached is a statement from my doctor stating I may now engage in “substantial gainful activity.”

Signature: _____

Date: _____

PLEASE RETURN TO: The University of Akron, Office of Student Financial Aid, Akron, OH. 44325-6211