

## 2026-27 Discharged Loan Verification

You may type your information directly onto this form, print to sign, then submit it to the Office of Student Financial Aid. To avoid processing delays, do not submit this form until you have gathered all required documents/forms requested from you.

Last name	First name	Middle Initial
UA Student ID #:	_ <del></del>	
The Office of Student Financial Aid has re had one or more student loans or TEACH	· · · · · · · · · · · · · · · · · · ·	ment of Education indicating that you have anent disability.
Before we can determine your eligibility f	for another student loan or TEACH Grant	, you must complete the following:
Read, sign, and return this forn	n to our office.	
Attach a letter from your doctor purposes, this means a level of or a combination of both.	or stating you may now engage in "substa work performed for pay that involves do	antial gainfulactivity." For Title IV aid ing significant physical or mental activities
Do not submit	this form without a doctor's state	ement attached.
	ceive a Federal Direct Loan or TEACH Gracial aid (if eligible), please check the box	
Please only process grants (if elig	gible). I am not interested in Federal Direc	ct Loan(s) or the TEACH Grant.
lse or misleading information on this works	heet, you may be fined, sentenced to jail  TEACH Grant I receive from the University	y of Akron may not be discharged due to the sam
tudent signature:	Date:	

personally identifiable information.

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When all required documents have been gathered, you may submit all requested documents via the action item link on your Workday Homepage or bring it to our office on the 2nd floor of Simmons Hall. Watch for two-sided documents. Be sure to include both sides when faxing. Do not email any documents with