

Office of Financial Aid & Scholarships

| | urn in ALL Verification Documents <u>AS SOON AS POSSIBLE.</u> al Aid will <u>NOT PAY OUT</u> until verification is COMPLETE. | | 2026 FA V DISABILITY RESOLUTION FODS E |
|-------------|---|--------------|--|
| Last Name | First Name | _ M.I | Student Number |
| | DISABILITY RESOLUTION | | |
| Student Sec | <u>:tion-</u> | | |
| • | In order to receive Direct Stafford Loans after other federal education permanent disability I understand that I must provide a physician's ce that I am able to engage in "substantial gainful activity" such as worki | ertification | n that my condition has improved and |

- In addition, I must verify that any new loans received after the original discharge for permanent disability cannot be canceled in the future based on present impairment (unless my condition substantially deteriorates).
- If a student has received a Total and Permanent Disability discharge, the student must meet additional student eligibility criteria before receiving additional Title IV Loans or TEACH Grants. Please contact our office at 319-273-2700 if you have any questions.
- If a student has granted a Total and Permanent Disability discharge and it was granted on the basis of a physician's certification or documentation from the Social Security Administration (NSLDS Loan Status Codes "DI" or "DS"), the student is subject to a post-discharge monitoring period that starts on the date that the Department granted the discharge. During this period, the receipt of a new Title IV loan or TEACH Grant or a subsequent disbursement of a Title IV loan or TEACH Grant that was initially received before the date that the Department granted the discharge may cause the student's obligation to repay the Title IV loan or fulfil the TEACH Grant Service obligation to be reinstated.

| cause the student's obligation to repay the Title IV lo | oan or fulfil the TEACH Grant Service obligation to be reinstated. | | | |
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| (Signatures MUST BE Handwritten) | | | | |
| My signature below verifies my acceptance of these conditions. | | | | |
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| | | | | |
| Student Signature | Date | | | |
| Physician's Section- | | | | |
| I certify that the above named student is able to engage in 'work performed for pay or profit that involves doing signific Student will not be eligible for further Title IV loans or TEAC engage in "substantial gainful activity". | cant physical or mental activities, or a combination of both." | | | |
| Signature of Certifying Physician | Date | | | |
| Physician's Printed Name **Students can contact the Department's Total and Permanent Disability Servicer at 1-888-303-7818. Students may also write to Nelnet, U.S. Department of Education, PO Box 87130 Lincoln, Nebraska 68501-7130 or by email at disabilityinformation@nelnet.net. Hours are Monday-Sunday 8:00a.m8:00p.m. As a reminder, students and parents should never send personally identifiable information, such as Social Security Numbers, via email. | | | | |