

SECTION 1—PURPOSE OF FORM

According to your NSLDS (National Student Loan Data System) record, one or more of your prior federal educational loans has been discharged due to total and permanent disability. This discharge means that you may not be considered for further federal student loans unless you re-establish eligibility by submitting this form signed by you, and a statement from a legally licensed physician stating that you are no longer totally and permanently disabled, i.e. stating that you are able to engage in substantial gainful activity such as a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

YOU CAN CHECK YOUR NSLDS RECORD AT nsldsfa.ed.gov/nslds_SA.

SECTION 2— BORROWER'S REQUEST & STUDENT INFORMATION

Request to re-establish Federal Student Loan Eligibility after discharge of prior educational loan(s) due to total and permanent disability.

LAST NAME _____

FIRST NAME _____

LAST FOUR DIGITS SSN _____

ANDREWS UNIVERSITY ID# _____

DATE OF BIRTH _____

PHONE/MOBILE _____

MAILING ADDRESS _____

SECTION 3— STUDENT CERTIFICATION

- *I certify that I am aware that any new federal educational loans that I borrow cannot be discharged in the future on the basis of any impairment present at the time the new loan is accepted unless my impairment present at the time the new loan is accepted substantially deteriorates. In addition, acceptance of a new federal educational loan may prevent final discharge of prior educational loans that were conditionally discharged due to total and permanent disability after July 1, 2010. I understand that I must sign the statement for each new loan application.*
- *I am aware that collection activity will resume on any loans still in a total and permanent disability conditional discharge period and that I am responsible for repayment of these loans.*
- *I understand that I must cancel all of my pending requests for loan discharge based on disability.*
- *I understand that I must submit a statement from my physician stating that I am no longer totally and permanently disabled, i.e. that I am able to engage in a substantial gainful activity such as a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.*

STUDENT'S SIGNATURE _____

DATE _____

Mail to: Andrews University
Office of Student Financial Services
4150 Administration Drive
Berrien Springs, MI 49104-0750

Fax to: 269.471.3228
Phone: 269.471.3334
Web: www.andrews.edu/sfs
Email: sfs@andrews.edu