Office of Financial Aid
5400 Ramsey Street Fayetteville, NC 28311
Telephone: (910) 630-7192/7193,
1-800-488-7110
Fax: (910) 630-7285
www.methodist.edu

2012-2013Loan Discharge/Disability Verification

The U.S. Department of Education's records indicate that you have one or more student loans discharged due to total and permanent disability. Students having canceled or discharged student loans due to a permanent disability are ineligible to borrow additional loans without proper documentation. Please provide our office with a copy of your certification from a qualified physician stating that you have the ability to engage in substantial gainful activity (such as working or attending school), and a letter from the U.S. Department of Education that explains your student loan status. We are unable to continue processing your financial aid file until this information is received.

Complete this entire worksheet. You must answer all the questions and the form must be SIGNED and submitted to the Office of Financial Aid to the address above.

Section A – Student Information (Please print clearly)

_____ _____ _____
Last Name First Name MI

_____
Full street address, no P.O. Box number

_____ _____ _____
City State Zip Code

Section B – Loan Discharged Due to Disability Verification

Return this original form to our office along with a copy of the following requested documentation. The student's name must be clearly printed on each document submitted with all appropriate signatures:

1. A letter from a qualified physician stating that you have the ability to engage in substantial gainful activity. The letter must be on letter head containing the physician's contact information and his/her signature.

2. Copy of a letter from the U.S. Department of Education that explains your student loan status.

Section C- Student Certification

Please check one:

_____ I certify that I **DO NOT WANT** to receive a Federal Direct Loan. Please process any grants, if eligible.

_____ I certify that I **WANT** to receive a Federal Direct Loan and grants, if eligible, and have attached all required documentation requested on this form. **Certification Statement:** I acknowledge that any new loan I receive from Methodist University 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."

_____ _____
Student Signature Date

Please return to the Office of Financial Aid at Methodist University.