

**HOLYOKE
COMMUNITY
COLLEGE**

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

<i>For Office use only</i>	LDDF21
<input type="checkbox"/> Mail <input type="checkbox"/> Counter <input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Other	
Received by: _____	Date Received: _____
Entered by: _____	Date Entered: _____
<input type="checkbox"/> Document Complete	File Location: _____

www.hcc.edu

Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

**2020-2021 Federal Student Aid
Loan Discharge Due to Disability Form**

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to a total and/or permanent disability. This form serves to regain your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Finishing this form does not assure that you will qualify for the Federal Student Loan Programs.

Name: _____ Student ID #: _____ Date of Birth: _____

Please check the correct line and sign the Student's Certification:

- _____ I do **NOT** want federal student loans.
- _____ I **want** federal student loans and know that I have to submit a Physician's Certification Form.
- _____ I **want** federal student loans and have a Physician Certification on file from a prior year.

Federal Regulations:

If the student has received a Total and Permanent Disability Discharge, the student is not able to receive further Title IV loans or TEACH Grants unless the student provides: (1) a statement from his/her physician certifying that the student is able to engage in substantial gainful activity; and (2) a signed statement by the student, accepting that the new Title IV loan or TEACH Grant service debt cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment gets much worse so that the student is once again totally and permanently disabled.

Student's Certification

If asked, I agree to provide more information such as a physician certification. I know that giving false or misleading data on this form may result in a decrease or repayment of aid, fines and/or imprisonment in this and/or future years.

Student Signature: _____ **Date:** _____

For more information, please contact:

Total and Permanent Disability (TPD) Servicer contact information:
Phone: 1-888-303-7818
E-mail: disabilityinformation@nelnet.net