

# LIBERTY UNIVERSITY

## REQUESTING NEW FEDERAL STUDENT LOANS

*LOANS/TEACH (FSL/TEACH) Following a Disability Discharge*

### YOU DO NOT WANT NEW FSL/TEACH

COMPLETE THE DECLINATION STATEMENT

### YOU DO WANT NEW FSL/TEACH

SUBMIT BORROWER'S ACKNOWLEDGMENT STATEMENT AND PHYSICIAN CERTIFICATION

### IF YOU ARE NOT IN A VA DISCHARGE: and still in a PDMP\*

WAIT FOR THE 3-YEAR PERIOD TO BE COMPLETED BEFORE SUBMITTING THE REQUIRED FORMS.

*\*post-discharge monitoring period*

### ANOTHER ALTERNATIVE:

Recall the Disability Discharge application. The National Student Loan Database System (NSLDS) must update to show loans have returned to repayment. *We do not need any other documentation in this instance, unless your loans were in default prior to the disability discharge application.*

## THINGS TO NOTE:

For returning students – as long as we have a sufficient Physician's Certification on file from a previous year – we only need a new Personal Statement for the current aid year, according to federal regulation.

## WHAT TO DO IF YOU ARE IN THE POST-DISCHARGE MONITORING PERIOD:

The 3-year PDMP is required for all non-VA discharges.

The monitoring period must be completed before taking out any new FSL/Teach.

Previously discharged loans must be placed back into repayment status to receive new FSL/Teach (if within the PDMP).



Visit [DisabilityDischarge.com](https://DisabilityDischarge.com) for more information

The Department of Education defines substantial gainful activity: [DisabilityDischarge.com/Application-Process](https://DisabilityDischarge.com/Application-Process)



ID # \_\_\_\_\_

Name \_\_\_\_\_

DISCHD 18/19

PHYSICIAN CERTIFICATION

To be completed by student

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**(Student's signature authorizes release of the information requested below.)**

Please note: This document, like all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Act of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

To be completed by Physician

Dear Physician,

The student named above will be attending Liberty University and would like to receive federal student aid. Because the student has had previous federal student aid discharged on the basis of total and permanent disability, federal regulations require the student to obtain certification from a doctor of medicine or a doctor of osteopathy that he or she is no longer totally and permanently disabled before regaining eligibility for certain types of federal student aid.

By signing this form, you are certifying that the **above named** student is your patient and is capable of substantial gainful activity. As defined in federal regulations, "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. You are also certifying that you are a doctor of medicine or osteopathy who is legally authorized to practice in a state of the United States or its territories.

Physician's Name (print): \_\_\_\_\_

MD or DO: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\*State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau

Please return form to:

**ATTN: Financial Aid Office - Loan Department-Disability Discharge**

Liberty University

1971 University Blvd Lynchburg, VA 24515

ID # \_\_\_\_\_

Name \_\_\_\_\_

DISCHS 18/19

PERSONAL STATEMENT

Please select only one of the following options:

**Borrower's Acknowledgment Statement**

I, \_\_\_\_\_, am aware that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

*Please note that, with this option, any loans that are currently within the Post—Discharge Monitoring Period must have the discharge rescinded before being eligible for new federal loans and/or a TEACH Grant.*

\_\_\_\_\_  
Student's Signature:

\_\_\_\_\_  
Date:

**OR**

**Statement of Declination**

I do not want to apply for federal student loans or a TEACH Grant; however, I would like to be considered for other federal student aid for which I might be eligible.

*\*\*No Physician Certification is necessary for this option. \*\**

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date:

*Please return form to:*

**ATTN: Financial Aid Office - Loan Department-Disability Discharge**

Liberty University

1971 University Blvd Lynchburg, VA 24515