



Discharge Due to Disability

*Finger Lakes Health College of Nursing & Health Sciences
Marion S. Whelan School of Practical Nursing*

Award Year _____

Student Statement Regarding Additional Loan Request After Prior Discharge

Date: _____

Student Name: _____

Student ID: _____

By signing this form I agree to borrow additional loans to assist with my educational goals. I understand I cannot discharge these loans for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I also agree that I have the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Student Signature: _____

Physician Statement Regarding Disability Discharge

Date: _____

Student Name: _____

Student ID: _____

The above referenced student is pursuing a higher education degree and is requesting to borrow federal student loans to assist with covering tuition costs. By signing this form, I agree the student has the ability to engage in substantial gainful activity. For Federal Aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Physician Printed Name: _____

Physician Signature: _____

Physician Address: _____

Physician Office Phone Number: _____