



Onestop - Financial Aid Office
11200 SW 8th Street, PC-130
Miami, FL 33199
Phone: 305.348.7000 Fax: 305.348.2346

This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for future Direct Federal Student Loans.

Student Section (This section is required to be completed by the student every academic year if you wish to receive student loans.)

Borrower Name (Please Print) [text box]

Panther ID [text box] Borrower Social Security # [text box]

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by a physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Florida International University, U.S. Department of Education, or the holder of my loan(s).

Student Signature [text box] Date [text box]

Physician Section (*FIU only requires this portion of the form to be completed only once by the physician)

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending schools, successfully completing program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

I certify in my best professional judgement that the above named student is able to engage in substantial gainful activity as defied by the U.S. Department of Education.

Physician Signature [text box] Date [text box]

Please Type or print the following:

Physician Name [text box]

Address [text box]

City [text box] State [text box] Zip Code [text box]

Phone Number [text box]

Special Note: [text box]