



MADISON COLLEGE FINANCIAL AID

Direct Loan Request After Total Permanent Disability Discharge

Our records show that your Federal Student Loans have been discharged due to a Total and Permanent Disability status. Therefore, you are not able to receive additional Federal Student Loans unless you are no longer permanently disabled. In order to receive additional Federal Student Loans, a borrower must submit a certification from the physician and a signed statement to the financial aid office. Note that only one copy of a physician's certification is needed for subsequent loans if you remain at the same school.

If you request a Direct Loan program loan within three years of the date that a previous loan was discharged, you must resume payment on the previously discharged loan or acknowledge that you are once again subject to the terms of the Direct Loan before receiving the new loan. If you were in default when these loans were discharged, you would remain in default and be required to make satisfactory repayment arrangements with the servicer.

INSTRUCTIONS - In order to receive a new Federal Student Loan, you must:

1. Obtain a certification from a physician stating that you are able to engage in substantial gainful activity (the statement must indicate this wording); and
2. Sign the below statement acknowledging that the new loan cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless the condition substantially deteriorates so that you are again totally and permanently disabled.

STUDENT INFORMATION

Last Name _____ First Name _____ Student ID _____

SIGNATURE & AGREEMENT

I, _____, acknowledge that the new loan(s) received from Madison College cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless the condition substantially deteriorates so that I am again totally and permanently disabled.

This signed statement will be submitted to Madison College along with the statement from my physician stating that I am able to engage in substantial gainful activity.

By signing, I certify that the information provided above is true and that I understand that my financial aid eligibility will be determined based on this information.

Student Signature _____ Date _____

Electronic signatures are not accepted.

SUBMISSION INSTRUCTIONS

Please sign and submit your completed form in **one** of the following ways:

- Email: financialaid@madisoncollege.edu
- Mail: Madison College Financial Aid, 1701 Wright Street, Madison, WI 53704
- Fax: (608) 243-4245
- In Person: At the Truax Enrollment Center or at any Regional or Metro campus