



UH Hilo Financial Aid Office
LOAN DISCHARGE FORM

FAO USE ONLY
 Reviewed
Date: _____

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged due to your total and permanent disability. Before you can receive additional federal student loans, you must complete this form and return it to our office.

SECTION I: TO BE COMPLETED BY STUDENT

Student Name: _____

UH ID Number: _____ Phone Number: _____

Please select only ONE option below:

I am NOT interested in applying for a student loan for the _____ - _____ academic year at UH Hilo.

Student Signature: _____ Date: _____

STOP: You do NOT have to complete the remainder of this form. Please return it to our office.

I am interested in applying for a student loan for the _____ - _____ academic year at UH Hilo.

By signing below, I acknowledge that any federal student loans I received hereafter cannot be discharged in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. I must also have Section II of this form completed by a physician.

Student Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY CERTIFYING PHYSICIAN

Note: If you previously submitted a physician certification to our office and did not have any new federal student loans discharged, this section is not required.

Physician Name: _____

Address: _____ Phone Number: _____

Physician's Certification:

I certify that in my professional medical judgment, the patient/student named above is able to engage in substantial gainful activity and can attend school.

In my professional medical judgement, **I CANNOT** certify that the patient/student named above is able to engage in substantial gainful activity and can attend school.

Physician Signature: _____ Date: _____