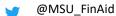
Phone: (417) 836-5262 Phone: (800) 283-4243 Fax: (417) 836-8392

FinancialAid@MissouriState.edu





Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897

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2024-2025 Loan Disability Discharge Form			
Student Name:	First	BearPass #: M (required)	
ELIGIBILITY FOR NEW LOANS OR TEACH	L CDANT.		
Family Education Loan Program, Willian	n D. Ford Federal Direct Loan F	permanent disability discharge of your Federal Program, Federal Perkins Loan Program, or TEACH at Loan or TEACH Grant in the future unless:	
<ul> <li>You obtain a certification from a school; and</li> </ul>	a physician that you can engag	e in substantial gainful activity and return to	
_	y or illness present at the time	CH Grant service obligation cannot be discharged the new loan or TEACH Grant is made, unless your lly and permanently disabled.	
request a new Direct Loan or TEACH Gra	ant during the 3-year post-disc owledge that you are once aga	om the SSA or a physician's certification and you harge monitoring, you must resume payment on hin subject to the terms of your TEACH Grant it.	
For further information or for questions reg disabilityinformation@nelnet.net or call 1-8 new federal loans or the TEACH Grant will h	888-303-7818 to determine the in	monitoring period please contact npact your decision to return to school and originate	
have attached a completed ar • 2024-2025 Borrower'	nd signed: s Acknowledgement of Obliga	ew to reinstate Title IV financial aid eligibility. I tion, and neck here if submitted for a previous year	
I have previously discharged I	oans, but DO NOT want to app	oly for federal student loans. You DO NOT need to ion or Physician's Certification.	
with regard to total and permanent dis	ability discharge of federal lo	tablished by the U.S. Department of Education ans and TEACH Grant service obligations and will t of Title IV financial aid is not guaranteed.	
Student's Physical Signature (No Digital Sign	natures)	Date	

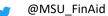
Deadline for processing: please complete ALL required steps and submit form(s) to the fax/email/address above by:

Spring Semester: May 1, 2025

Fall Semester: December 5, 2024

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## 2024-2025 Borrower's Acknowledgment of Obligation

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. **Before you can receive additional federal student loans,** this form must be completed and returned to the Office of Student Financial Aid.

I, the undersigned, do hereby acknowledge that:

- 1. Any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation disbursed on or subsequent to the date this acknowledgement is signed and entered into, may not be discharged in the future based on any impairment or condition described in the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200\*, and
- 2. The U.S. Department of Education (ED) will resume collection on any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation that has been conditionally discharged prior to a final ED determination of total and permanent disability. Additionally, any such loan(s) or service obligation cannot be discharged in the future based on any impairment or condition described on my "Discharge Application: Total and Permanent Disability" of the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as defined in 34 CFR 682.200\*.
- 3. If any conditionally discharged loan(s) was in default status before the conditional discharge, you are not eligible to receive a new William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation until you make satisfactory repayment arrangements with the U.S. Department of Education (i.e., six voluntary, on-time, consecutive, monthly payments on each previously defaulted loan).

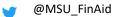
\*34 CFR 682.00 defines total and permanent disability as the condition an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months: OR has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connect disability.

Borrower's Signature	Date		
Print Borrower's Name	Borrower's Date of Birth		
Borrower's Social Security Number	 		

\*\*\*VALID ONLY FOR LOANS CERTIFIED BY MISSOURI STATE UNIVERSITY FOR THE 2024-2025 ACADEMIC YEAR\*\*\*

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## 2024-2025 Physician's Statement of Condition

SECTION A: To be completed by student				
ozonom no se completed by student				
Social Security Number:Student's Name:		BearPass# M		
Address:				
City, State, Zip Code:				
Phone Number (s):				
BORROWER AUTHORIZATION, UNDERSTANDING I authorize any physician, hospital or other institution previously requested discharge of my Federal Fato Missouri State University or Direct Lending.	tution having records abou	·		
Student's Physical Signature (No Digital Signatures)		Date		
SECTION B: To be completed by physician				
person whose loan(s) or TEACH Grant service of disability is presently able to engage in substant substantially improved.  Diagnosis of the aforementioned person's pres	tial gainful activity because	e the disabling condition or impairment has		
When did the aforementioned person's illness,	/injury substantially impro	ove?		
Borrower is: Ambulatory:Other:				
Prognosis:				
I certify that I am a Doctor of Medicine or osteo judgment, the person named above is able to enwages).				
Physician's Signature and Date:  Physician's Name (typed or printed):				
Address:City, State, Zip Code:		<u> </u>		
Phone Number:  State of Professional Registration:				
State of Professional Registration:				

Please return this completed form to Missouri State University at the email/fax/mailing address above.