

LAST NAME	FIRST NAME	MIDDLE INITIAL	9-DIGIT CAMPUS ID #
DAYTIME PHONE			EMAIL ADDRESS

The Student Financial Assistance Office (SFAO) has received information from the National Student Loan Data System (NSLDS) indicating that you have had one or more prior student loans discharged due to total and permanent disability. In order for the SFAO to continue processing your financial aid, we need you to clarify whether or not you want additional loan consideration.

Do you want ASU to consider you for additional loans?

YES	Please circle 'YES' to the left, complete the remainder of this form and return it to the SFAO. Your physician will need to complete the Physician's Statement below. Financial aid processing will continue once this form has been returned.
NO <small>Initials</small>	Please circle 'NO' to the left, initial your selection and return this form to the SFAO. You will receive consideration for gift assistance (grants and scholarships) but will not be considered for student loans. Financial aid processing will continue once this form has been returned.

Borrower's Certification Statement (Complete if you circled 'YES' above)

I understand that neither the conditionally discharged loan(s) nor any new loan(s) can be discharged on the basis of my current disability unless that disability substantially deteriorates. I agree to resume making payments on any loan(s) discharged between July 1, 2001 and June 30, 2002, and any loans conditionally discharged on or after July 1, 2002 if less than three years have passed since I became disabled. I understand that I must provide proof that collection has begun before any new loan(s) may be discharged. My physician has completed the Physicians Certification Statement.

STUDENT SIGNATURE (Required if you circled 'YES' above)

DATE

[Federal Register: November 1, 2003 (Volume 65, Number 212)]

www.ifap.ed.gov/fregisters/1101200010.html

If you use a telecommunications device for the deaf (TDD), you may call the Federal Information Relay Service (FIRS) at 1.800.877.8339.

Physician's Certification Statement (To be completed by your physician if you circled 'YES' above)

I certify that my patient (the student identified on this form) has a disability condition that has improved and that the student, in my professional opinion, has the ability to engage in substantial gainful activity. Note: The phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.

PHYSICIAN SIGNATURE

SPECIALTY

PHYSICIAN NAME (Please print)

LICENSE NUMBER(S)

OFFICE ADDRESS (City, State, Zip)

OFFICE TELEPHONE #

students.asu.edu/financial-aid

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