



# 2009-10 Federal Loan Discharged Due to Disability

## STUDENT FINANCIAL ASSISTANCE

### Tempe campus

PO Box 870412  
Tempe, AZ 85287-0412

Student Services Building,  
Second Floor

Phone (480) 965-3355  
Fax (480) 965-9484

financialaid@asu.edu

### Downtown Phoenix campus

411 N. Central Ave., Suite 166  
Phoenix, AZ 85004-2120

University Center Building,  
Suite 166

Phone (602) 496-3462  
Fax (602) 496-0376

financialaid@asu.edu

### Polytechnic campus

7107 E. Tiburon, #3  
Mesa, AZ 85212-0180

Student Affairs Complex, Quad 3

Phone (480) 727-1041  
Fax (480) 727-1630

financialaid.poly@asu.edu

### West campus

PO Box 37100  
Phoenix, AZ 85069-7100

University Center Building,  
Room 120

Phone (602) 543-8178  
Fax (602) 543-8108

financialaid.west@asu.edu

### SECTION A: STUDENT INFORMATION (PLEASE PRINT)

FULL NAME (LAST, FIRST MI.)	10-DIGIT ASU ID	9-DIGIT CAMPUS ID
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### SECTION B: FEDERAL LOAN CONSIDERATION

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

DO YOU WANT ASU TO CONSIDER YOU FOR ADDITIONAL FEDERAL LOANS?	
<input type="checkbox"/>	<b>Yes, I do want ASU to consider me for additional federal loans. My physician will complete Section C below.</b>
<input type="checkbox"/>	<b>No, I do not want ASU to consider me for additional federal loans. I understand that I will receive consideration for grants, scholarships and student employment but not considered for federal loans.</b>

### SECTION C: PHYSICIAN CERTIFICATION STATEMENT & SIGNATURES

This section is only to be completed by your physician if you selected 'Yes' in Section B.

*I certify that my patient, the student identified in Section A above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking. I understand that I may be contacted by Student Financial Assistance for clarification of this student's status.*

PHYSICIAN NAME (PLEASE PRINT)	LICENSE NUMBER(S)
OFFICE ADDRESS	SPECIALTY
CITY, STATE, ZIP	OFFICE TELEPHONE NUMBER
PHYSICIAN SIGNATURE	DATE

### SECTION D: CERTIFICATION STATEMENT & SIGNATURES

*If I selected 'Yes' in Section B above, I understand that neither the conditionally discharged loan(s) nor any new federal loan(s) can be discharged on the basis of my current disability unless that disability substantially deteriorates. I agree to resume making payments on my 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 passes since I became disabled. I understand that I must provide proof that collection has begun before any new loan(s) may be discharged.*

*If I selected 'No' in Section B above, I understand I will not be receiving consideration for federal student loans this academic year.*

STUDENT SIGNATURE	DATE
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