



The Peninsula's Community College

LOAN DISCHARGE DISABILITY ACKNOWLEDGEMENT STATEMENT

Student's Name: _____

Student ID: _____

I acknowledge that the new FSA loan that I'm requesting cannot be later discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

I certify that I am submitting/have submitted a Physician Certification stating that I have the ability to engage in substantial gainful activity.

Signature

Date: _____

OR

I will NOT be requesting a new Federal Direct Loan.

Signature

Date: _____