



2023—2024 Permanent Disability Form

(DISAB)

• **Pell Grant Only Option:**

Student is acknowledging that choosing the Pell Grant Only Option will exclude them from the Federal Direct Loan program. Sign below and leave the other sections on this form blank.

Print Student First and Last Name

Student ID#

Student's Signature

Date

For All Forms of Federal Aid:

If you have had previous Federal Direct Stafford loans discharged due to permanent/total disability, you must provide a statement acknowledging your ability to engage in substantial gainful activity. This must be completed prior to any new Federal Direct Student Loans being awarded. Please complete the section below on this form if you seek to borrow a new Federal Direct student loan and have had federal loans that were previously discharged. In addition, the form must also be completed by a physician to be considered valid. Please allow up to 3 weeks processing during peak times.

Print Student First and Last Name

Student ID#

The Borrower Acknowledges the Following:

- I have had previous Federal Direct loan(s) cancelled due to certification of permanent and total disability by their physician.
- I am now able to engage in substantial gainful activity.
- The attached certification from their physician states that the borrower is now able to engage in substantial gainful activity.
- The Federal Direct Loan(s) he/she receives CANNOT be cancelled in the future on the basis of any impairment present when the new loan(s) is/are certified, unless the impairment substantially deteriorates.

As set forth in full in the Student Handbook/Course Catalog, Southern Crescent Technical College is an Equal Opportunity Institution and does not discriminate on the basis of race, color, national origin, sex, age or disability.

2023—2024 Permanent Disability Form (DISAB)

Section 1: Borrower/Student Acknowledgment

By signing this form, I, _____ acknowledge that I have read and understand the terms and conditions listed above. I understand that the new loan or service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is certified, unless my condition substantially deteriorates, and I am again totally and permanently disabled.

Student's Signature

Date

Section 2: Physician's Certification Statement (please select one)

- I **certify** that the above-named person has been examined in my professional opinion is able to engage in substantial gainful activity*.
Date examined: _____
- I **cannot certify** that the above-named person is able to engage in substantial gainful activity*

** Substantial gainful activity is defined as a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.*

Comments:

Section 3: Physician Information

Name of Physician

Phone Number

Address

State and Zip Code

Signature

Date

License Number

State of License

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