

## 2020-2021 LOAN DISCHARGE THROUGH DISABILITY

**RETURN TO:**  
CAL POLY  
FINANCIAL AID OFFICE  
SAN LUIS OBISPO, CA 93407-0201  
**FAX: (805) 756-7243**  
**EMAIL: [financialaid@calpoly.edu](mailto:financialaid@calpoly.edu)**  
(Sensitive data should be encrypted.)

Student Last Name:

Student First Name:

Phone #:

EMPL ID#:

**IMPORTANT: Submit as soon as possible.** Aid will not disburse until all items are submitted and reviewed. Once all items are submitted, allow 3-6 weeks for your complete file to be reviewed. If awarded FWS or SEOG, documents must be submitted no later than June 30, 2020 to avoid potential cancelation of those funds. In all circumstances, documents must be submitted prior to the last day of a student's enrollment at Cal Poly.

The National Student Loan Data System (NSLDS) indicates that one or more of your federal student loans have been discharged due to a disability. Before you can receive additional student loans, you must:

- Provide a physician's certification (on physician's letterhead) that you are able to engage in "substantial gainful activity" such as working.

AND

- Sign below affirming your understanding that the new Federal Direct student loan for which you are applying cannot later be discharged for any present impairment (unless your impairment deteriorates so that you are again totally and permanently disabled).

AND

- Reaffirm any previously discharged loans (if you are borrowing within 3 years of onset of the disability).

If you are still interested in borrowing a federal student loan, submit the above requests and complete the following:

I affirm the new Federal Direct student loan cannot be cancelled on the basis of any present impairment unless my condition substantially deteriorates.

### **SIGN and DATE:**

I certify that all information reported on this form and any attachment is true, complete, and accurate.

False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

\_\_\_\_\_  
Student Signature (Required. No electronic signature.)

\_\_\_\_\_  
Date

FDSB21

***For Office Use Only***

*Initials* \_\_\_\_\_