

Financial Aid Office

1032 West Sheridan Road
Sullivan Center Room 190
Chicago, Illinois 60660
Phone: 773.508.7704

Scan completed form and upload to <https://forms.luc.edu/faupload>



Preparing people to lead extraordinary lives

2024-2025 Documentation of Disability Status

Student Name: _____
(Please print)

Loyola ID: _____
(Your 11-digit Loyola ID number begins 0000)

Your records at the U.S. Department of Education indicate you have had a federally funded educational loan discharged because of total and permanent disability. Before we can process your application, we must determine if you are eligible to borrow a new educational loan. Please complete Section 1 or Section 2.

Section 1:

The above named student has had a prior federally funded educational loan cancelled because of total and permanent disability. I (the student) seek financial aid but do not wish to borrow a federally funded educational loan.

Sign here only if you DO NOT wish to obtain a new student loan:

Student Signature*

Date

Section 2:

The above named student has had a prior federally funded educational loan cancelled because of total and permanent disability. The student is now seeking to obtain a new federally funded educational loan. To meet the requirements to qualify for a new loan, I (the student) must:

- a. Provide a signed physician's statement that the student may now engage in "substantial gainful activity."
- b. Acknowledge that the new loan may not be discharged because of the same disability unless the disabling condition substantially deteriorates.

I have attached the required physician's statement, AND

I hereby acknowledge that the new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

Student Signature*

Date

**Typed and digital signatures are not acceptable*

TP 2025