



LAWRENCEVILLE | ALPHARETTA-NORTH FULTON

DISAB

2021-2022 Permanent Disability Form (DISAB)

Pell Grant Only Option:

Student is acknowledging that choosing the Pell Grant Only Option will exclude them from all other types of federal aid programs. 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 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 5 weeks processing during peak times.

_____ **Print Student First and Last Name**

_____ **Student ID#**

The Borrower Acknowledges the Following:

- They have had previous Stafford loan(s) cancelled due to certification of permanent and total disability by their physician.
- They are 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.

Section 1: Borrower/Student Acknowledgment

By signing this form, I, _____
 (Print Name)
 understand the terms and conditions listed above. I understand that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant 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