



OHIO
UNIVERSITY

**Loan Discharge Affirmation Form
2007-2008**

Financial Aid

Office of Student Financial
Aid and Scholarships
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Athens, OH 45701-2979

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Student Name

Student PID (P00xxxxxxx)

Because you have previously had federal student loans discharged due to a total and permanent disability, you are not eligible for further federal loans. In some cases, however, it is possible your eligibility could be reinstated. Please read the following two options and complete this form as appropriate. **You must complete this form and return it to our office before further processing of your aid continues.**

If you are not requesting federal loans, but are interested in receiving other types of financial aid, please read and sign the following statement.

NOT REQUESTING LOAN CONSIDERATION

I do not wish to be considered for federal loans for the 2007-2008 academic year. However, I would like to be considered for all other types of financial aid.

Student Signature: _____  Date: _____

REQUESTING LOAN CONSIDERATION

If you would like to be considered for federal student loans, you must complete and return this form to our office along with a written statement on office letterhead from your primary physician stating that your disability does not prevent you from engaging in substantial and gainful activity such as attending school or working. If the prior loans were discharged between July 1, 2001 and June 30, 2002 inclusive, you must also reaffirm the discharged loan if less than three years have passed since you became totally and permanently disabled. If the prior loan was *conditionally* discharged on or after July 1, 2002 and your three year period has not yet elapsed, this signed statement also affirms that collection will resume on the old loan (**which must begin before receipt of any new loan**). You must read and sign the following statement.

By signing this form, I am agreeing that any federal student loans borrowed during the 2007-2008 academic year will not be cancelled in the future based on my present impairment unless my condition substantially deteriorates. This includes any Federal Perkins Loans or any Federal Direct Stafford Loans (subsidized or unsubsidized). In addition, if my loan was conditionally discharged on or after July 1, 2002 and my three year period has not yet elapsed, I understand that collection will resume on the old loan. My required physician's statement is attached.

Student Signature

 _____
Date