

A. Student Information

_____	_____	_____	XXX-XX-_____	_____
Last Name	First Name	MI	Social Security Number	Student ID Number
_____ @my.waketech.edu			_____	
Wake Tech Email Address (Note: all electronic communication will be sent to your Wake Tech Email Address)			Phone Number with Area Code	

B. Additional Information

Our office has received information from the National Student Loan Data System (NSLDS) indicating that either you have had one or more prior student loans discharged or you are in the process of having your loans discharged due to total and permanent disability.

Student Loan information (Initial Below)

- _____ I do want to be considered for additional student loan funds.
- Complete Borrower Certification Statement
 - Your physician will need to complete and submit the Physician's Certification Statement below
- _____ I do not want to be considered for additional student loan funds.
- You will be considered for other types of assistance, but will not be considered for student loans

C. Borrower's Certification Statement

I understand that neither any new loan(s) nor conditionally discharged loan(s) can be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Student Date

D. Physician's Certification Statement

I certify that my patient (the student identified on this form) has a disability condition that has improved and that the student, has the ability to engage in substantial gainful activity. Note: the phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician Signature Date

Physician Name (please print) Specialty

Office Address (city, state, zip) Office Telephone Number

WARNING
If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both.