FORM DISCON - **IDAHO STATE UNIVERSITY** 25-26 **TOTAL AND PERMANENT DISABILITY**	**DISCON-26**

The Department of Education has advised us that you have had federal student loans discharged due to a total and permanent disability. This discharge limits your eligibility for additional student loans. Please review and complete this form to determine your program eligibility and return with attachment(s) to:

Office of Financial Aid, Idaho State University, Museum Building, Third Floor
921 S 8th Ave, Stop 8077, Pocatello, ID 83209-8077
Phone: (208)282-2756   Fax: (208)282-4755   Email:financialaid@isu.edu
Scan and Upload: isu.edu/financialaid/upload
University Place, Bennion Student Union Building, Student Services Office
1784 Science Center Dr, Idaho Falls, ID 83402   Phone: (208)282-4755

*Student Name:_____
(Use blue or black ink)   Last   First   M.I.

*ISU ID:_____   ***Last 4 Digits of Social Security #:**_____
          (Find on MyISU)   **Required*

Federal financial aid includes loans as well as grant and work study funds. You can be considered for grant and work study funds at this time. We cannot offer you any federal loans until you provide our office with additional information. Please provide the following and return to the address above. **Please be aware that if a borrower requests a new loan or TEACH grant during the 3-year post-discharge monitoring period or the conditional discharge period, he/she must resume payment on the old loan before receipt of the new loan or TEACH grant.**

Check the appropriate box below:

❑ I do not want to be considered for any federal student loans. Grants and/or work study are the only forms of aid I will accept.

❑ I do want to be considered for federal student loans and will provide the following:
a. A statement from a legally licensed physician stating that my condition has improved and that I have the ability to engage in substantial gainful activity. Please attach the statement to this form.

AND

b. A statement, in my own words, that I am aware that a new federal student loan cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates to the extent that the definition of total and permanent disability is again met.

_____
_____
_____
_____

CERTIFICATION: The person signing below certifies that all of the information reported is complete and correct.
WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

Student Signature:_____   Date:_____
                    Typed signature not accepted