

University of St. Augustine for Health Sciences

Student's Certification of Loan Discharge

Student Name:	Student ID/SSN:
Address:	Daytime Phone Number:
City/State/Zip Code:	Date of Birth:

STUDENT:

1. Ask your physician to complete the **PHYSICIAN'S CERTIFICATION OF BORROWER'S CONDITION FORM** (only if you have not previously submitted it to the Office of Financial Aid)
2. Read the following statements below.
3. Sign and date this form.
4. You can fax both forms to the Office of Financial Aid at 904-810-3725.

I understand that my new federal student aid loan and/or federal TEACH Grant service obligation cannot be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

I understand that if I am within the three-year provisional period for disability cancellation of a prior loan, I must resume payment of that loan.

I understand that I must complete a Student's Certification of Loan Discharge form each time I receive a new loan.

Student Signature

Date