UNIVERSITY OF ILLINOIS AT CHICAGO – Office of Student Financial Aid
1200 W. Harrison St., M/C 334 - Chicago, IL 60607-7163 - Phone: (312) 996-3126 Document Fax Line: (312) 996-3385
College of Medicine: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127

2016-2017 Loan Discharge/Disability Verification

Section A – Student Information (Please print clearly)

Last Name | First Name | M.I. | Email

Street Address | City | State | Zip Code

What you should do:

1. Complete this entire worksheet. You must answer all the questions and the form must be SIGNED.
2. Please submit all documents at the same time.
3. Clearly print UIN on every page of 8 ½ x 11 legible copies.

The U.S. Department of Education's records indicate that you have one or more student loans and/or TEACH grant discharged due to Total and Permanent Disability (TPD).

- Please submit a physician's certification SIGNED by a qualified physician stating that you have the ability to engage in substantial gainful employment.
- Please submit a letter from the U.S. Department of Education that confirms that your student loans and/or TEACH grant were discharged due to Total and Permanent Disability (TPD).
- Please sign the Borrower Acknowledgment below, stating that you understand that any new student loans after your TPD discharge cannot be discharged for any present impairment.

Section B – Loan Discharged due to Disability Verification

I have attached the following documentation ***(please check)***:

- ☐ Copy of certification from a qualified physician stating that you have the ability to engage in substantial gainful employment.
- ☐ Copy of a letter from the U.S. Department of Education confirming your student loans were discharged due to Total and Permanent Disability.
- ☐ Requested documentation is on file with your office from a previous school year.

Section C – Borrower Acknowledgment

I _____, understand that new federal student aid loans can't later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I also understand that I must complete the Borrower Acknowledgment each time I receive a new student loan and/or TEACH grant.

_____

Student Signature **Date**

IMPORTANT: Return this form to the Office of Student Financial Aid. When submitting documentation:
1. Clearly print UIN on every page of 8 ½ x 11 legible copies.
2. Include all appropriate signatures.

ENTER YOUR 9-DIGIT **UIN** →

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