Financial Aid Office

1032 West Sheridan Road Sullivan Center Room 190 Chicago, Illinois 60660 Phone: 773 508 7704

Phone: 773.508.7704

Scan completed form and upload to https://forms.luc.edu/faoupload



Preparing people to lead extraordinary lives

2022-2023 Documentation of Disability Status

Student Name:		Loyola ID:	
	(Please print)	(Your 11-digit Loyola ID number begins 0000)	
because o		on indicate you have had a federally funded educational loan discharged to we can process your application, we must determine if you are eligible to Section 1 or Section 2.	
Section 1	:		
		funded educational loan cancelled because of total and permanent disability. I orrow a federally funded educational loan.	
Sign here	e only if you DO NOT wish to obtain a r	new student loan:	
Student Signature*		Date	
Section 2 The above		funded educational loan cancelled because of total and permanent disability.	
The stude		ly funded educational loan. To meet the requirements to qualify for a new loan,	
a.	a. Provide a signed physician's statement that the student may now engage in "substantial gainful activity."		
b.	b. Acknowledge that the new loan may not be discharged because of the same disability unless the disabling condition substantially deteriorates.		
I have <u>att</u>	tached the required physician's stateme	ent, AND	
	acknowledge that the new loan I am sec a substantially deteriorates.	eking may not be discharged due to the same disability unless the disabling	
	ignature*	Date	

TP 2023