



## DALLAS COLLEGE

### 2025-2026 LOAN DISCHARGE FOR BORROWERS WITH DISABILITIES

Please upload this form in Workday using the upload option provided for this specific action item. If you need assistance, contact Financial Aid at (972) 669-6400 or [financialaid@dallascollege.edu](mailto:financialaid@dallascollege.edu).

---

#### Student Information

---

Last Name

First Name

M.I.

---

Student ID#

---

The U.S. Department of Education records indicate that you previously had a Federal Direct Stafford Loans and/or TEACH Grants that were discharged due to a Total and Permanent Disability (TPD).

Please check the appropriate box indicating your interest for additional federal student loan funds:

☐ I am **NOT** requesting a Federal Direct Loan for the 2025-2026 academic year. I am only interested in grants and scholarships. (No additional action is needed)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ I am interested in requesting a Federal Direct Loan for the 2025-2026 academic year. I am including the following documentation (Borrower's Statement and Physician's Certification) as required for additional loan consideration.

---

#### Borrower's Statement

Please complete this section if you are seeking to borrow a new Federal Direct Student loan and had federal loans that were previously discharged. In addition, the 2nd page of this form must be completed by a licensed physician for this form to be considered complete and valid.

I, \_\_\_\_\_, the borrower, acknowledge that:

##### Print Name

- I have had previous Stafford loan(s) canceled due to certification of permanent and total disability by my physician
- I am now able to engage in substantial gainful activity
- The attached certification from my physical states that I, the borrower, am now able to engage in substantial gainful activity
- The Federal Direct loan(s) I receive CANNOT be discharged in the future based on any impairment present when the new loan(s) is/are made, unless the impairment substantially deteriorates

*I certify that statements made in this application are true, complete and correct to the best of my knowledge and belief. I understand that any false statements on my application may be grounds for denial.*

\_\_\_\_\_  
**Borrower's Signature**

\_\_\_\_\_  
**Date**

---

---

### Physician's Certification

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge of their student loans and/or TEACH Grant as a result of this classification. The borrower is requesting additional financial aid from the Federal Direct Student Loan program.

The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be able to attend school, to successfully complete a program of study, and to secure employment in order to repay the Federal Direct Student Loan they are seeking. **Your completion of this section and a letter on official letterhead are required** in order to determine the borrower's eligibility.

Is the above referenced borrower able to engage in substantial gainful activity? ☐ Yes ☐ No

Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties, which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Physician (M.D. or D. O.)**

\_\_\_\_\_  
**Date**