



### Loan Discharge/Cancellation

1. If you are granted a final discharge due to total and permanent disability, you are not eligible to receive future loans under the Direct Loan programs unless: **(A)** you obtain a certification from a physician that you are able to engage in substantial gainful activity, and **(B)** you sign a statement acknowledging that the new loan that you receive cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled.
2. If you are granted a conditional discharge of your loan(s), based on a total and permanent disability and you request a new Direct Loan during the conditional discharge period, you are not eligible to receive the new loan unless: **(A)** you obtain a certification from a physician that you are able to engage in substantial gainful activity; **(B)** you sign a statement acknowledging that neither the previous conditionally discharged loan(s) nor the new loan you receive can be discharged in the future on the basis of any injury or illness present when you applied for a total and permanent disability discharge or at the time the new loan is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled; **(C)** you sign a statement acknowledging that the conditionally discharged loan(s) will be removed from the conditional discharge status; and **(D)** the Department of Education has removed the conditionally discharged loan(s) from conditional discharge status.

#### TITLE IV LOAN CANCELLATION

I, \_\_\_\_\_, certify that I understand and agree to the following: I acknowledge that any Title IV (Federal Direct) loan obligation incurred through Davenport University on or after the date of my signature below cannot be canceled in the future on the basis of any present impairment unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

\_\_\_\_\_  
Student's Hand-Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID#

**Attach certification from your physician that you are able to engage in substantial gainful activity.**