

Disability Discharge Agreement Form

Aid Year:



FINANCIAL AID OFFICE

1.) Student Information

Name: _____ Student ID: _____
Address: _____ City _____ State/Zip Code _____
E-Mail Address: _____@my.metrostate.edu Telephone: _____

The U.S. Department of Education permits financial aid administrators to reinstate a student's Federal loan eligibility after a disability discharge is completed if a student is once again able to engage in substantial gainful activity as verified by a physician.

Federal education loans cannot be discharged for permanent and total disability due to any present impairment, unless the impairment deteriorates so that you are again determined by a physician to meet the standards of permanent and total disability.

2.) Disability Discharge Agreement Requirement

Check all that applies:

- ☐ **It has been 0-3 years since I was granted a disability discharge.** I acknowledge that before I receive a new federal student loan, my obligation to pay the discharged loan(s) will be reinstated. I am providing documentation to the Financial Aid Office that shows I have reinstated these loans with my loan servicer **AND** a letter from my physician that certifies I may engage in "substantial gainful activity" once more.
- ☐ **It has been more than 3 years since I was granted a disability discharge.** My physician has certified that I may engage in "substantial gainful activity" and I am providing a letter from him/her attesting to this improvement in my impairment.

I understand that it is a violation of both Federal and State laws, as well as the University's Code of Conduct, to purposefully provide false or misleading information to agents of the university in connection with my application for financial aid. I indicate what I checked above is accurate and true. I also understand that I may not seek discharge for the loans for which Metropolitan State University will certify following this date due to my present impairment unless said impairment deteriorates to the degree that I am permanently and totally disabled.

Signature: _____ Date: _____

Please return this appeal, statement and documentation to:

Attn: Financial Aid Office
Metropolitan State University
700 East Seventh Street
Saint Paul, MN 55106-5000

Phone: 651-793-1300
Fax: 651-793-1532