



UMA Office of Financial Aid
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2026-2027 Loan Discharge Affirmation

This form is to be used by students to certify that they are now able to engage in substantial gainful activity in order to borrow additional federal student loans. If you will **not** be requesting a federal student loan for 2026-2027, please complete only the first section of this form.

Student Name _____ Student ID: _____

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to total and/or permanent disability. **In order to determine your financial aid eligibility, please indicate your intent below. Select only one option.**

- ☐ I **will not** be requesting federal student loans for 2026-2027, but I would like to be considered for all other types of financial aid. **A handwritten signature is required.**

Student's Signature _____ Date _____

- ☐ I **will** be requesting federal student loans for 2026-2027. **Complete the acknowledgement statement below.***

PRIOR LOAN DISCHARGE ACKNOWLEDGEMENT STATEMENT

I understand and acknowledge that:

- Any new loan I 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 my condition substantially deteriorates so that I am again totally and permanently disabled.
- If my discharged loans are considered to be in the conditional discharge period, I understand that neither the previous conditionally discharged loan(s) nor the new loan I receive can be discharged in the future on the basis of any injury or illness present when I applied for a total and permanent disability discharge or at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled. I also understand that the conditionally discharged loan(s) will be removed from conditional discharge status.
 - ☐ Attach written documentation from your physician (who must be a Doctor of Medicine or Osteopathy licensed to practice in the United States) indicating that you are now able to engage in "substantial gainful activity." (you can work and earn money)

I certify that this information is true and correct to the best of my knowledge. Additionally, I understand that I am responsible for returning all student financial aid monies received due to inaccurate, false, or misleading information provided on this form and/or any other documents submitted. **A handwritten signature is required.**

Student's Signature _____ Date _____

*A student only needs to obtain physician certification once; however, UMA must collect a new acknowledgement statement from the student each time the student receives a new loan.

FOR OFFICE USE ONLY:

Dr.'s Note Sufficient Y / N Complete: Yes / No (date returned to student) _____ SAP Issues Y / N Decision: Approved / Denied

Rec'd by FAO: _____ Reviewed by: _____ Date: _____ Revised: 11/18/25