

Student Name: \_\_\_\_\_  
Student ID #: \_\_\_\_\_  
(8 digits)

### **2025-2026 Student Acknowledgement for Discharged Loans**

- I acknowledge I previously had a student loan(s) canceled due to total and permanent disability.
- I further acknowledge that my physician has certified that I now can engage in gainful activity defined as able to work and earn money or attend school.
- I also acknowledge the student loan I am now applying for and may receive, and any future student loan(s) I may apply for and receive, may not be canceled.
- I also acknowledge that if any of my loans are still in a conditional status, I understand that collection will resume on the conditionally discharged loans.
- I understand that collection must resume before I can begin receiving new federal student loans.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date