



CERTIFICATION OF LOAN CANCELLATION

In accordance with federal regulation (682.402 c), if a borrower whose loan is discharged due to disability wishes to take out another Federal Student Assistance (FSA) loan or wishes to receive a TEACH grant, he/she must obtain a physician's certification that he/she has the ability to engage in substantial gainful activity, and he/she must sign a borrower statement acknowledging that the new FSA loan or the TEACH grant service obligation can't later be discharged for any present impairment unless it deteriorates so that he/she is again totally and permanently disabled. The school must collect a new borrower acknowledgement from the student each time he/she receives a new loan.

Total and permanent disability is the condition of an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months.

Substantial gainful activity means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

If the borrower requests a new loan or TEACH Grant during the **post-discharge monitoring period** or the **conditional discharge period**, the borrower must also resume payment on the old loan before receipt of the new loan or TEACH grant. A borrower who received a TPD discharge based on a determination from the VA that he/she is unemployable due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan.

Student Certification

Please print legibly.

Student Name: _____ UCF ID: _____

Please read and initial next to each line below:

_____ I certify that I **DO NOT** wish to accept any Federal Student loans for the current aid year at the University of Central Florida, which includes the following semesters:

- FALL 2019
- SPRING 2020
- SUMMER 2020

_____ I understand that if I change my decision and wish to accept any Federal Student loans after submitting this document, I must notify the Office of Student Financial Assistance and submit the Physician's Certification form in order for my loan eligibility to be reviewed.

Please sign and date below:

Student Signature: _____ Today's Date: ____/____/____