Financial Aid and Scholarships

SOUTHEASTERN LOUISIANA UNIVERSITY

2027-2028 Veteran Discharged Loan/Disability Statement

Student's Name: _____ **W#**_____

We have completed the initial review of your 2027-2028 Free Application for Federal Student Aid (FAFSA). The National Student Loan Data System (NSLDS®) database indicates that one or more of your federal student loans have been discharged based on a determination by the U.S. Department of Veterans Affairs that you are unemployable due to a service-connected disability.

Before we can determine if you are eligible for another student loan, please select the applicable statement, attach the appropriate documentation, and return it to the Financial Aid Office. For federal financial aid purposes, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

☐ **No Substantial Gainful Activity**

Statement of Certification: I certify that I am not capable of engaging in substantial gainful activity. I acknowledge that I do not want to receive any new federal loans from Southeastern Louisiana University.

☐ **Substantial Gainful Activity - No New Federal Loans**

Statement of Certification: By signing this form, I certify that I am capable of engaging in substantial gainful activity but do not wish to receive any new federal loans from Southeastern Louisiana University.

☐ **Substantial Gainful Activity - New Federal Loans - (Must provide completed physician's statement)**

Statement of Certification: By signing this form, I acknowledge that any loans (or previously discharged loans that may be reinstated) or TEACH Grant service obligations I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) discharged to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

_____ _____

Student's Signature **Date**

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SOUTHEASTERN LOUISIANA UNIVERSITY

2027-2028 Physician Statement

Student's Name: _____ W#_____

The referenced student, _____, was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness.

The borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person has sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

☐ **No Substantial Gainful Activity**

Statement of Certification: In my professional medical judgment of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity.

☐ **Confirming Student's Gainful Activity**

Statement of Certification: I certify in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

Date Borrower became able to engage in gainful activity: (MM DD YYYY)		
Type or Print Name of Physician:		I am legally authorized to practice in the state of:
Address:	City, State and Zip Code:	Telephone Number:
Signature of Physician (M.D. or D.O.):	Date:	Physician's License #:

Table 1 - Physician Information

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SOUTHEASTERN LOUISIANA UNIVERSITY

General Information

This form is used to obtain a physician's certification and a borrower's acknowledgment. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledgment that any federal student loans or TEACH grant service obligations received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form may allow the borrower to secure additional loan(s) or TEACH Grant(s).

Definitions

For purposes of Federal Student Aid, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.
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;

-OR-

- has been determined by the Department of Veterans Affairs to be unemployable due to a service-connected disability

Borrower Instructions

- The borrower must complete Section I if they would like to apply for a federal student loan.
- Have Section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
- Return this completed form to UHC's Office of Financial Aid.

It is recommended that you keep a copy of this form for your records. You may need to provide a copy of this statement as evidence of your eligibility for future student loans.

Physician Instructions

- You are being asked to complete, sign and date this form to certify that the borrower is able to engage in substantial gainful activity (see definition above).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. §522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

- The authority for collecting the information requested on this form is found in 20 U.S.C. §1087, 34 C.F.R. §674.61, 34 C.F.R. §682.402, 34 C.F.R. §685.213, and 34 C.F.R. §686.42.
- The principle purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new federal loans or TEACH Grants.