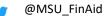
Phone: (417) 836-5262 Phone: (800) 283-4243 Fax: (417) 836-8392

FinancialAid@MissouriState.edu





Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897

www.MissouriState.edu/FinancialAid

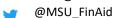
| 2023-2024 Loan Disability and Discharge Form | | | |
|---|--|--|--|
| Student Name: | | BearPass #: M | |
| Last | First | (required) | |
| | tudent Loans or TEACH Grant s | ents who have been granted a Total and Permanent ervice obligations by the U.S. Department of | |
| ELIGIBILITY FOR NEW LOANS OR TEAC | CH GRANT: | | |
| Family Education Loan Program, Willia | am D. Ford Federal Direct Loan | I permanent disability discharge of your Federal Program, Federal Perkins Loan Program, or TEACH ect Loan or TEACH Grant in the future unless: | |
| You obtain a certification from to school; and | n a physician that you are able | to engage in substantial gainful activity and return | |
| in the future on the basis of a | ny injury or illness present at th | ACH Grant service obligation cannot be discharged ne time the new loan or TEACH Grant is made, unless in totally and permanently disabled. | |
| request a new Direct Loan, Perkins Loa | an, or TEACH Grant during the I loans or acknowledge that you | rom the SSA or a physician's certification and you 3-year post-discharge monitoring, you must resume u are once again subject to the terms of your TEACH CH Grant. | |
| For further information or for questions redisabilityinformation@nelnet.net or call 1 new federal loans or the TEACH Grant will | -888-303-7818 to determine the i | mpact your decision to return to school and originate | |
| have attached a completed • 2023-2024 Borrowe | and signed: r's Acknowledgement of Obliga | view to reinstate Title IV financial aid eligibility. I ation, and Check here if submitted for a previous year | |
| I have previously discharged | I loans, but DO NOT want to ap | oply for federal student loans. You DO NOT need to tion or Physician's Certification. | |
| with regard to total and permanent d | lisability discharge of federal le | stablished by the U.S. Department of Education oans and TEACH Grant service obligations and will nt of Title IV financial aid is not guaranteed. | |
| Student's Physical Signature (No Digital Sig | gnatures) | Date | |

Deadline for processing: please complete ALL required steps and submit form(s) to the fax/email/address above by:

Fall Semester: December 1, 2023 • Spring Semester: April 26, 2024

Phone: (417) 836-5262 Phone: (800) 283-4243 Fax: (417) 836-8392

FinancialAid@MissouriState.edu





Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897

www.MissouriState.edu/FinancialAid

2023-2024 Borrower's Acknowledgment of Obligation

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. **Before you can receive additional federal student loans,** this form must be completed and returned to the Office of Student Financial Aid.

I, the undersigned, do hereby acknowledge that:

- 1. Any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation disbursed on or subsequent to the date this acknowledgement is signed and entered into, may not be discharged in the future based on any impairment or condition described in the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200*, and
- 2. The U.S. Department of Education (ED) will resume collection on any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation that has been conditionally discharged prior to a final ED determination of total and permanent disability. Additionally, any such loan(s) or service obligation cannot be discharged in the future based on any impairment or condition described on my "Discharge Application: Total and Permanent Disability" of the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as defined in 34 CFR 682.200*.
- 3. If any conditionally discharged loan(s) was in default status before the conditional discharge, you are not eligible to receive a new William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation until you make satisfactory repayment arrangements with the U.S. Department of Education (i.e., six voluntary, on-time, consecutive, monthly payments on each previously defaulted loan).

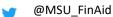
*34 CFR 682.00 defines total and permanent disability as the condition an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, has lasted for a continuous period of at least 60 months; 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 (VA) to be unemployable due to a service-connect disability.

| Borrower's Signature | Date | | |
|-----------------------------------|--------------------------|--|--|
| Print Borrower's Name | Borrower's Date of Birth | | |
| Borrower's Social Security Number | BearPass Number | | |

****VALID ONLY FOR THE LOANS CERTIFIED BY MISSOURI STATE UNIVERSITY FOR THE 2023-2024 ACADEMIC YEAR. ****

Phone: (417) 836-5262 Phone: (800) 283-4243 Fax: (417) 836-8392

FinancialAid@MissouriState.edu





Office of Student Financial Aid Carrington Hall, Room 101 901 S. National Ave. Springfield, MO 65897

www.MissouriState.edu/FinancialAid

2023-2024 Physician's Statement of Condition

| SECTION A: To be completed by student | | |
|--|---|--|
| Social Security Number:Student's Name:Address:City, State, Zip Code:Phone Number (s): | | |
| BORROWER AUTHORIZATION, UNDERSTANDING authorize any physician, hospital or other institute previously requested discharge of my Federal F to Missouri State University or Direct Lending. | itution having records about | · |
| Student's Physical Signature (No Digital Signatures) | | Date |
| SECTION B: To be completed by physician | | |
| Instructions for Physician: You are being asked person whose loan(s) or TEACH Grant service or disability is presently able to engage in substantially improved. Diagnosis of the aforementioned person's presently and the present of the person of the aforementioned person's presently asked to the person of the | bligation were previously distinguished that is a sent medical condition: | scharged due to total and permanent the disabling condition or impairment has |
| When did the aforementioned person's illness Borrower is: Ambulatory:Other: Prognosis: | | |
| I certify that I am a doctor of medicine or osteo judgment, the person named above is able to e wages). | | |
| Physician's Name (typed or printed): Address: City, State, Zip Code: Phone Number: State of Professional Registration: | | |
| Professional Registration Number: | | |

Please return this completed form to Missouri State University at the email/fax/mailing address above.