



2016-17 Discharged Loan Verification

You may type your information directly onto this form, print to sign, then submit it to the Office of Student Financial Aid. To avoid processing delays, do not submit this form until you have gathered all required documents/forms requested from you.

Section 1. Student Information

Last name _____ First name _____ Middle Initial _____

UA Student ID #: _____ Last 4 digits of SSN: _____

The Office of Student Financial Aid has received information from the U.S. Department of Education indicating that you have had one or more student loans or TEACH Grant discharged due to total and permanent disability.

Before we can determine your eligibility for another student loan or TEACH Grant, you must complete the following:

- ☐ Read, sign, and return this form to our office.
- ☐ Attach a letter from your doctor stating you may now engage in "substantial gainful activity."

Section 2. Certification.

By signing this worksheet I certify that all of the information reported on it is complete and accurate. **Warning:** If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

Further, I acknowledge that any new loan or TEACH Grant I receive from the University of Akron may not be discharged due to the same disability as my prior loan(s) or TEACH Grant(s) unless my disabling condition substantially deteriorates.

Student signature: _____ Date: _____

Electronic signatures will not be accepted. Please print this form to sign before submitting.

Section 3. Submission.

Do not submit this form until you have gathered all other required documents/forms to avoid delays in processing. When you have all required documents/forms as instructed by your To Do list in My Akron, you may mail, fax, or scan/email your documents (both sides) to us at the information listed below, or you may turn them into ZipAssist in the Simmons Hall Lobby.