2014-15 Loan Discharge Statement

Student’s Name________________________________________________________________________

DCCC ID: _______________ Date of Birth: _______________ Day Phone: _______________

IMPORTANT: This form must be completed and submitted to the Office of Financial Aid along with a primary physician’s certifying statement of the student’s ability to secure gainful employment prior to awarding any student financial aid.

The National Student Loan Data System (NSLDS) indicates that you have one or more federal student loans that have been either totally or conditionally discharged because of **total and permanent disability**. Total and permanent disability is a condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

**INSTRUCTIONS:**

- Complete Section A if you wish to be considered for **federal grants only**.
- Complete Section B if you wish to be considered for **federal student loans and grants**.

**Section A:**
If you do not wish to be considered for federal student loans and prefer to be considered for federal grants only. You must sign and date the signature line in this section indicating that you have read this statement and understand that you wish to be considered for federal grants only.

Student Signature (required) ______________________________________ Date ______________

**Section B:**
Before you can be considered for additional federal student loans, you must confirm you understand the following:

1. **IF** my Federal Student Loan(s) have been **totally discharged** due to a total and permanent disability, I understand that this new loan cannot later be cancelled based on any present condition unless that condition substantially deteriorates to the extent that the definition of total and permanent disability, as defined above, is again met.

2. **IF** my Federal Student Loan(s) have been **conditionally discharged** due to a total and permanent disability and the conditional period hasn’t elapsed, I understand that collection will resume on the conditionally discharged loan (which must begin before receipt of the new loan) and that unless my condition substantially deteriorates to the extent that the definition of total and permanent disability, as defined above, is again met, the prior loan can’t be discharged in the future.

3. I understand that I **must** complete Section B of the Loan Discharge Statement each time I am scheduled to receive a new loan.

I have read the above information and am aware that my new federal student loan(s) cannot later be cancelled on the basis of any present impairment unless that condition substantially deteriorates to the extent that the definition of total and permanent disability, as outlined by the Department of Education, is again met. I also understand that collection may resume on any loans that may have been conditionally discharged.

Student Signature (required) ______________________________________ Date ______________

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