

## **2026-2027 Loan Discharge Due to Disability Renewal Form**

### **SECTION A: STUDENT INFORMATION**

Name:	UNTD Assigned ID:	SSN (last 4 digits only):
<p>Our records indicate you have one or more student loans discharged because of a total and permanent disability. If you wish to be considered for additional federal student loans, complete section I and II of this form. <b><u>This form must be done each year that you want to receive a loan.</u></b></p>		

### **SECTION B: STUDENT CERTIFICATION**

I have previously had a Direct loan(s) and/or TEACH grant discharged due to total and permanent disability. I certify that at this time:

- My condition has improved to permit me to engage in substantial gainful activity.
- I acknowledge that any new Direct loan(s) and/or TEACH grant obligation I may receive cannot be discharged in the future on the basis of any impairment present when a new federal student loan and/or TEACH grant is made, unless that impairment substantially deteriorates, so that I am again totally and permanently disabled.
- In addition, I acknowledge if my discharge was granted based on documentation from a physician's certification and my request for a new Direct Loan and/or TEACH Grant during the 3-year post-discharge monitoring period, I must resume repayment on the previously discharged loan(s) or acknowledge that I am once again subject to the terms of my TEACH Grant service obligation before I can receive the new loan(s) or TEACH Grant.
- Including the documentation verifying my Total and Permanent Discharge.

Student Signature

Date

*X*

### **SECTION C: STUDENT MEDICAL HISTORY CERTIFICATION**

I have provided a physician statement to the University of North Texas at Dallas in previous years.  Yes  No

If you answer no, please sign this form as consent for release of information and have your physician complete the attached physician statement.

I understand my physician must sign the statement below and I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a loan(s) and/or TEACH grant discharged to make information from such records available to the University of North Texas at Dallas.

Student Signature

Date

*X*

***Return this completed form with any required documentation to:***

*Office of Financial Aid & Scholarships/University of North Texas at Dallas/7350 University Hills Blvd., Dallas, TX 75241  
or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untdallas.edu](mailto:financialaid@untdallas.edu)*