

UNT | DALLAS

Financial Aid & Scholarships

2026-2027 Loan Discharge Due to Disability Renewal Form

SECTION A: STUDENT INFORMATION

Name:

UNTD Assigned ID:

SSN (last 4 digits only):

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. **This form must be done each year that you want to receive a loan.**

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@unttdallas.edu