



2026-2027

Documentation of Disability Status: Final Discharge

Student Financial Services • 1 Ferncroft Road • Danvers, MA 01923-0840
978-762-4189 • www.northshore.edu/paying/financial-services • sfs@northshore.edu

Records at the U.S. Department of education indicate that you have had a federally funded educational loan which has received a final discharge due to total and permanent disability. Before we can process your application, we must determine if you are eligible to borrow a new educational loan. Please complete section 1, 2 or 3.

Student Name: _____ Student ID: **N 0 0**

Section 1:

The above-named student has had a prior federally funded educational loan discharged due to total and permanent disability. The student is seeking financial aid but does not wish to borrow a new federally funded educational loan.

Sign below only if you DO NOT wish to obtain new federal student loan.

Signature

Date

Section 2:

The above-named student has had a prior federally funded educational loan discharged due to total and permanent disability. This student is now seeking to obtain a new federally funded educational loan. To meet the requirements to qualify for a new loan, I (the student) must:

- a) Provide a signed physician’s statement that I may now engage in “substantial gainful activity”.
- b) Acknowledge that the new loan may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

I have attached the required physician statement and I hereby acknowledge that any new loan I am seeking may not be discharged due to the same disability unless the disabling condition substantially deteriorates.

Signature

Date

Section 3:

The above-named student has a federally funded educational loan which was discharged due to total and permanent disability; **the discharge OCCURRED between _____ and _____**. I understand I must “reaffirm” responsibility for repayment of any federally funded educational loan discharged during this period if I receive a new Title IV loan within 3 years from the date I became totally and permanently disabled, as certified by my physician. I

have attached this reaffirmation from my guarantor.

Signature

Date

ANY DELAY IN RESPONDING OR RETURNING THIS FORM MAY RESULT IN A LOSS OF FINANCIAL AID!

Protect your privacy and send this safely from your northshore.edu email account to:

sfs@northshore.edu