CCBC

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C D E OM

Financial Aid Office
LDISC2

2026 – 2027: New Loan After Discharge Due to Total and Permanent Disability

This form is for students seeking a new federal student loan who have previously had one or more student loans discharged due to total and permanent disability.*

NOTE: *Your discharged loans will be reinstated if you apply for a new loan during the 3-year monitoring period.*

_____ 90
First Name Last Name CCBC ID#

Please complete *all sections* of the following and attach supporting documents where indicated:

A. Physician's Certification – *must be completed by an MD or DO*

Please provide CCBC with a physician's certification or statement (**MUST** be on physician's letterhead) stating that your condition has improved, and that you are able to engage in "substantial gainful activity." This is considered a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

The physician ***must also*** sign below certifying the above statement:

_____
Physician's PRINTED First and Last Name

_____ _____
Physician's Signature Date

B. Loan Request Amount/Loan Period

I am requesting the following in a federal student loan. If I already have a federal student loan, the following amount will be added to what I was already awarded: **$_____**

- **Select the Loan Period below**

☐ Fall 2026 ***and*** Spring 2027 (evenly split the above between Fall 2026 and Spring 2027 semesters)

☐ Fall 2026 only (*complete below*):

- Are you graduating after the Fall 2026 semester? **☐ YES | ☐ NO**

☐ Spring 2027 only

☐ Summer 2027 only

C. Student Acknowledgement (read carefully)

I wish to receive federal loans from CCBC during the 2026-2027 school year. I acknowledge that I previously had a student loan(s) canceled due to total and permanent disability. By signing this statement, I acknowledge that any new federal loans *cannot* be discharged in the future based on present impairments unless my condition substantially deteriorates. I understand that discharged loans will be reinstated if I apply for new loans during the 3-year monitoring period.

_____ _____
Student Signature Date

PRINT

* Total and permanent disability is the 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. 34 CFR 682.200(b)