



**Financial Aid Department**  
 Phone: 360.650.3470  
 Email: financialaid@wwu.edu  
 Website: financialaid.wwu.edu  
 Address: 516 High Street, Old Main 265, Bellingham, WA 98225

**2024-2025 Request After Discharge**

\_\_\_\_\_  
 Student Name W \_\_\_\_\_  
Student I.D. Number

According to our records, one or more of your prior federal educational loans has previously been discharged due to Total and Permanent Disability (TPD).

**Select an option:**

- Option 1:** I do not request to re-establish federal student loan eligibility and wish to decline any future federal student loan offers.
- Option 2:** I am submitting this form to request to re-establish federal student loan eligibility after discharge of prior educational loans due to total and permanent disability, and will provide the following required documentation:  
 An authorized medical professional certification on letterhead from a Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.), Nurse Practitioner (NP), Physician Assistant (PA), or certified physiology at the independent practice level who is licensed to practice in the United States. The certification statement must include the following:
  - A statement that you are able to engage in substantial gainful activity such as working or attending school
  - Medical professional’s typed name, official title, address and phone number
  - Handwritten signature and date
- Option 3:** I have previously submitted the medical professional certification to WWU to reinstate federal loan eligibility and am submitting this form as a borrower acknowledgement for the \_\_\_\_\_ — \_\_\_\_\_ aid year for continued federal loans.

**Important Note:** If you successfully re-establish federal student loan eligibility, and you received a TPD discharge based on SSA documentation or a medical professional’s certification, and your three-year post-discharge period has not ended, you must also resume repayment on your previously discharged loans or acknowledge that you are once again responsible for meeting the terms and conditions of your TEACH Grant service obligation. More information is available at [studentaid.gov](http://studentaid.gov).

**Student Certification**

I certify that I am aware that any new federal educational loans cannot be discharged in the future on the basis of any injury or illness present at the time the new loan (or TEACH Grant) is made, unless the condition substantially deteriorates so that I am again totally and permanently disabled.

In addition, if my previous discharge was granted based on documentation from the SSA or a medical professional’s certification and I request new Direct Loan or TEACH Grant during the 3-year post-discharge monitoring period described earlier, I understand that I must resume repayment on the previously discharged loans or acknowledge that I am once again subject to the terms of my TEACH Grant service obligation before I can receive the new loan or TEACH Grant.

I understand that submitting this form electronically as an email attachment **using my WWU email account** constitutes my signature and my certification that the information provided herein is complete and correct.

\_\_\_\_\_  
 Student Signature (Not required if submitted from your **WWU email account**) \_\_\_\_\_  
Date

<b>OFFICE USE ONLY</b>	Operations:	[LOAN_D _____]
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