Alabama State University
Office of Financial Aid
915 South Jackson Street
Montgomery, AL 36104
(334) 229-4862
finaid@alasu.edu

2026-2027 Loan Discharge Affirmation Form

Student Name _____ **Student ID#** _____

Because you have previously had federal student loans discharged due to a total and permanent disability, you are not eligible for further Federal Loans or TEACH grant. In some cases, however, it is possible your eligibility could be reinstated. Please read the following two options and complete this form as appropriate. **You must complete this form and return it to our office before further processing of your aid continues**. Visit https://www.alasu.edu/_qa/financial-aid-forms.php for directions on submitting your forms.

NOT REQUESTING FEDERAL LOAN OR TEACH GRANT CONSIDERATION

If you are not requesting federal loans or TEACH grant but are interested in receiving other types of financial aid, please read and sign the following statement.

I do not wish to be considered for federal loans or TEACH grant for the 2026-2027 academic year. However, I would like to be considered for all other types of financial aid.

Written Student Signature (Electronic Signature Not Accepted) _____ **Date** _____

REQUESTING FEDERAL LOAN AND/OR TEACH GRANT CONSIDERATION

If you would like to be considered for federal student loans or TEACH Grant, you must complete this side of the form and your physician must complete the back side (or second page). This form must be completed fully and returned to our office.

Additionally, if you request a federal loan or TEACH grant during your three-year post-discharge monitoring period, you must resume repayment on previously discharged loans and acknowledge the terms of the TEACH Grant service obligation (**which must begin before receipt of any new loan**). You must read and sign the following statement.

By signing this form, I am agreeing that any federal student loans borrowed during the 2026-2027 academic year and TEACH grant service obligations will not be cancelled in the future based on my present impairment unless my condition substantially deteriorates. This includes any Federal Perkins Loans, Federal Direct Stafford Loans (subsidized or unsubsidized) and TEACH Grant obligations. In addition, if my loan was conditionally discharged and my three-year period has not yet elapsed, I understand that collection will resume on the old loan and TEACH Grant obligations. My required physician's statement is attached.

Written Student Signature (Electronic Signature Not Accepted) _____ **Date** _____

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According to the National Student Loan Database System (NSLDS), one or more of this student's prior federal loans have been discharged due to a total and permanent disability. This discharge means that the borrower may not be considered for further federal student loans or TEACH grant funds unless eligibility is re-established. Eligibility can be re-established by submitting a statement from a legally licensed physician stating that the borrower is no longer totally and permanently disabled. The borrower must also acknowledge that he or she will repay future loans.

PHYSICIAN STATEMENT

The above referenced student was previously classified as totally and permanently disabled and received a discharge of his or her federal loans as a result of the classification. The student is now requesting more federal loans and/or TEACH grant funds. Please respond to the following question as required by the U.S. Department of Education:

Is the borrower totally and permanently disabled and, therefore, unable to work and earn money*?

☐ Yes ☐ No

*Totally and Permanent Disability means that a student must be unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. **NOTE: This standard may be different from standards used under other private and public programs in connection with occupational disability or eligibility for social services.**

Provide any comments that you have in regard to the student's condition that is pertinent in determining his or her ability to participate in gainful employment.

_____

_____

Physician Name _____ **Licensed As** _____

Physician Signature _____ **Date** _____

State of Licensure _____ **License #** _____

Physician Address _____ **Physician Phone** _____