

Prior Loan Discharge Certification

2009-10

Return to: Office of Financial Aid & Scholarships
California State University, Bakersfield
48 SA
9001 Stockdale Highway - Bakersfield, CA 93311-1022
Telephone: (661)654-3016 FAX: (661)654-6800
Web: <http://www.csub.edu/finaid> E-Mail: finaid@csub.edu



Financial Aid Applicant Information:

Student Name: _____ (Please Print) CSUB Id: _____

Signature: _____ Date: _____

Borrower Certifications:

I certify that I have had prior student loan(s) discharged due to Total and Permanent Disability. Furthermore, I understand that any new federal student loans I may borrow cannot be discharged due to my current disability, unless my condition significantly deteriorates, as verified by a State-licensed physician. I also acknowledge that in order to apply for new student loans, I must provide a State-licensed physician's statement to your office certifying my ability to obtain gainful employment in the future.

I am fully aware that if I have been granted a student loan discharge due to Total and Permanent Disability within the last three years, and I am currently in the "three-year conditional discharge period," that borrowing additional student loans may void my prior discharge. I have attached a State licensed physician's note (on the physician's letterhead) certifying my ability to obtain gainful employment.

Doctors' Statement Must Be Attached

Above signature certifies that all information reported on this form, and any attachments hereto, are true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **Signature is required.**