



2022-2023 LOAN DISCHARGE (LNDC)

INSTRUCTIONS: We have been advised that you have had a student loan canceled due to total and permanent disability. In order to continue to evaluate your eligibility, eligibility for the Federal Direct Loan Program, please complete the following:

A. STUDENT INFORMATION

Student Name: _____ U ID Number: _____
SSN (last four): XXX-XX-_____ Phone Number: _____

B. STUDENT ACKNOWLEDGEMENT AND CERTIFICATION

I have the ability to engage in substantial gainful activity and acknowledge that any new Federal Direct Loans and TEACH Grant service obligations I receive cannot be discharged because of my impairment present when that loan is made, unless the impairment substantially deteriorates so that I am again totally and permanently disabled.

By signing this form, I hereby certify that all statements and information provided on this form are true, complete, and correct to the best of my knowledge and will provide proof if requested. I authorize University of Memphis officials to verify any information on this form by contacting any person/organization. I understand it is a crime and a violation of the University of Memphis Student Code of Conduct to purposefully give false or misleading information on this form, which may be subject to a fine, imprisonment, and University of Memphis sanctions.

Student Signature: _____ Date: _____
(TYPED SIGNATURES CANNOT BE ACCEPTED)

C. ATTACH PHYSICIAN'S STATEMENT (Must be a Doctor of Medicine or Doctor of Osteopathy)

Attach a separate signed statement from a physician on official letterhead certifying that you can engage in "substantial gainful activity." **For Title IV aid purposes, the phrase substantial gainful activity means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.** The statement must include the phrase "substantial gainful activity." Contact information for the physician should be included in case we require additional information. The physician must also sign this form.

D. PHYSICIAN CERTIFICATION (Must be a Doctor of Medicine or Doctor of Osteopathy)

"I acknowledge that I have read section C and understand that the phrase substantial gainful activity means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. I further acknowledge that I have provided a separate signed statement on official letterhead to the student/school in addition to my signature below. I understand that I may be contacted by a University of Memphis official and will respond to requests/inquiries about this document to assist in the determination of the student's eligibility."

Physician Signature: _____ Date: _____
(TYPED SIGNATURES CANNOT BE ACCEPTED)