LOAN STATEMENT FOR PERMANENT DISCHARGE

FINANCIAL AID OFFICE

1537 University blvd.
Morrilton, AR 72110

(501) 977-2055
financialaid@uaccm.edu

www.uaccm.edu

I, (Print student name) _____**, have been counseled by the UACCM Financial Aid Office concerning my student loan. I acknowledge that I have the ability to engage in substantial gainful activity, and I acknowledge that a new loan cannot be discharged in the future on the basis of any injury/illness/impairment present at the time the new loan is made, unless my condition substantially deteriorates so that I again become totally and permanently disabled.**

My school has also made me aware that if I receive a Total and Permanent Disability discharge based on SSA documentation or a physician's certification and my three-year post-discharge period hasn't ended, that I must also resume repayment on my previously discharged loans or acknowledge that I am once again responsible for meeting the terms and conditions of my TEACH Grant service obligation.

I understand that I must submit with this form, a statement from my physician certifying that I am able to engage in substantial gainful activity.

Print Name: _____
(Student)

Signature: _____ **Date:** _____
(Student)