

Loan Discharge Acknowledgment 2025-2026

Student Name:		Student/Star ID:		
wh una ind	u have previously had federal stud ich is defined by the Department o able to work and earn money beca efinitely or result in death." Feder ovide two things in order for the so	of Education (DOE) as "the nuse of an injury or illness t al regulations require that	condition of a hat is expecte in this situation	an individual who is ed to continue on a student must
1.	Letter from your physician:			
	A physician's certification on letterhead that you have the ability to engage in substantial, gainful activity. The DOE defines substantial gainful activity as "a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking."			
2.	Borrower Acknowledgment:			
By signing this form, I,		(Print Name) acknowledge:		
	 I am applying for one or more federal student loans for this current award year. I have attached an official signed letter on letterhead by my physician with this form. I understand a new loan cannot be discharged in the future on the basis of any injury or illness present at the time of the new loan, unless my condition substantially deteriorates so that I am again totally and permanently disabled. By receiving a new loan during the post-discharge monitoring period or conditional discharge period, I must resume payment on the old loan before receipt of the new loan. The standard podischarge monitoring period is three years. 			
Borrower/Student Signature:		Date:		
Fa	eturn by mail, fax or email: ax: (507) 389-7419 mail: financialaid@southcentral.edu	Faribault Campus: South Central College Financial Aid Office 1225 Third Street SW	OR	North Mankato Campus: South Central College Financial Aid Office 1920 Lee Boulevard

Faribault, MN 55021

North Mankato, MN 56003