



**Financial Aid Office**  
2121 Euclid Avenue, Cleveland, OH 44115  
Phone 216-687-5411  
Fax 216-687-9247  
[www.csuohio.edu/financial-aid](http://www.csuohio.edu/financial-aid)

## **2025-2026 Total Permanent Disability Discharge Verification Form**

We have received the results of your 2025-2026 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA. The National Student Loan Data System reviewed your federal loans as part of the processing of your FAFSA. The review indicates that you have had federally regulated loans discharged due to disability. Based on this information, you are not eligible to receive additional federally funded loans.

If your disability has improved to the point that you would be able to repay new loans you borrow, you may be able to borrow additional federal student loan funds. The attached documents need to be completed and returned to the Financial Aid Office at Cleveland State University. Once the documents are reviewed, a determination will be made regarding your future eligibility to borrow student loans.

If you do not wish to borrow any loans for the 2025-2026 school year, please return this letter with a note indicating that you do not wish to borrow any loans. If you are interested in applying for loans, please complete the enclosed forms and return them both to the CSU Financial Aid Office. Enclosed you will find a **Physician's Certification of Borrower's Disability Form** that must be completed by your physician and the **Student Certification for Reinstatement of Federal Loans** to be completed by you, the student. Please return the forms as one packet to the address below.

If you have any questions regarding your federal loan eligibility at Cleveland State University, you may contact Campus411, All-in-1 at 216-687-5411.

Sincerely,

Financial Aid Office

Enclosures:   Physician's statement  
                  Student statement

## 2025-2026 STUDENT CERTIFICATION FOR REINSTATEMENT OF FEDERAL STUDENT LOANS

**This form must be submitted each year.**

The National Student Loan Data System indicates that I have had \$ \_\_\_\_\_ in federal student loans discharged (canceled/forgiven) due to total and permanent disability.

The United States Department of Education will allow me to borrow additional federally regulated loans to continue my education providing that my physician completes the **Physician's Certification of Borrower's Disability Form** indicating that I am able to engage in substantial gainful activity. By federal definition, this means that I can perform a level of work for pay that involves doing significant physical or mental activities or a combination of both. A Physician's Statement can be submitted once provided the student is continuously enrolled at CSU. We will retain the Physician's Statement on file.

By signing below, I acknowledge and agree that any future federal student loans that I obtain under the Higher Education Act of 1965, as amended, cannot be discharged, canceled or forgiven on the basis of a present impairment when the new loan is made, unless the impairment substantially deteriorates and I am totally and permanently disabled.

\_\_\_\_\_  
Borrower's Printed or Typed Name

\_\_\_\_\_  
\*Borrower's Signature

\_\_\_\_\_  
CSU ID Number

\_\_\_\_\_  
Borrower's Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

Before me, a Notary Public, appeared (name) \_\_\_\_\_ who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed. In Testimony Whereof, I have hereunto affixed my name and official seal at (city) \_\_\_\_\_ (county) \_\_\_\_\_, (state) \_\_\_\_\_ this day of \_\_\_\_\_, \_\_\_\_\_.

Notary signature \_\_\_\_\_

Seal

Printed or Typed Name \_\_\_\_\_

\*Note: This form must be signed with a hand written signature, and must be presented in person or mailed to the university. Faxed or emailed copies of this form will not be accepted. Typed names or electronic signatures are not acceptable and will delay processing\*

Student's Name: \_\_\_\_\_ CSU ID #: \_\_\_\_\_ Award Year: 2025-2026

**PHYSICIAN'S CERTIFICATION OF BORROWER'S DISABILITY FORM**

**This form does not have to be submitted annually to CSU. Provided that you are continuously enrolled at CSU, we will keep the Physician's form on file. A Student Certification for Reinstatement of Federal Student Loans must be resubmitted each year.**

- I. United States Department of Education regulations allow students to discharge their federally regulated student loans based on permanent total disability. The definition for permanent total disability is "The borrower must be unable to work and earn money or go to school because of injury or illness that is expected to continue indefinitely or result in death. The total disability cannot be based on a condition that existed before the borrower applied for the loan, unless the condition has since substantially deteriorated."
- II. The United States Department of Education will allow students who have had federally regulated student loans discharged due to total permanent disability to borrow additional funds, providing the student:
  - (A) "Obtains a certification from a physician that the borrower is able to engage in substantial gainful activity. This is federally defined as performing a level of work for pay that involves doing significant physical or mental activities or a combination of both and:
  - (B) signs a statement acknowledging that the loan the borrower receives cannot be canceled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates" (Federal Register , Vol. 59, No. 228, Tuesday, November, 29, 1994, Rules and Regulation, 61215).

I certify that, in my professional judgment, the condition of \_\_\_\_\_, CSU Student ID # \_\_\_\_\_ who has had federally regulated student loans discharged based on total permanent disability (see paragraph I), has **improved enough** to allow him or her to engage in substantial gainful activity.

**Warning:** Any person who knowingly makes a false statement of misrepresentation on this form shall be subject to penalties that may include fines or imprisonment under the United States Criminal Code.

**\*Note: This form must be signed with a hand written signature. Typed names or electronic signatures are not acceptable and will delay processing\***

\_\_\_\_\_  
\*Signature of Physician (M.D. or D.O.)

\_\_\_\_\_  
Please Print or Type (Physician Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's phone number

Physician's Address: \_\_\_\_\_