



Financial Aid Office | 25 University Avenue | Kershner Student Service Center
West Chester, PA 19383 | 610-436-2627 | Fax: 610-436-2574 | finaid@wcupa.edu

2020-2021
Total and Permanent Disability (TPD) Discharge
Reinstatement for FSA Loans

Student's Legal Name: _____ WCU ID #: _____

Last 4 digits of your Social Security Number: _____

Current Phone number: _____

Current Address: _____

1. **Attached** is my signed and dated Physicians Certification on my doctor's letterhead attesting to the fact that I am able to engage in substantial gainful employment activity!
2. I understand and acknowledge that by providing the above required Physicians Certification, by signing this form, and by agreeing to take out any new FSA loans not previously discharged under my prior Total and Permanent Disability Discharge, I am **liable** to repay any new loans that I may agree to borrow.
3. I understand and am aware that any new FSA loans which I agree to borrow MAY NOT be later discharged for any present impairment unless it substantially deteriorates so that I am again totally and permanently disabled!
4. I have called Nelnet at 1-888-303-7818 to make sure that my post-discharge monitoring period has ended!!!

NO! _____ initial here. By initialing to the left (and by signing below) I do not intend to follow steps 1 through 4 above because I am **NOT** interested in borrowing any additional federal student loans. Please just consider me for any federal grants.

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By signing this certification, I certify that all the information reported is complete and correct, and that I understand, agree and intend to comply with the above statements! I understand I must complete this form annually.

X _____ Today's Date _____
Student Signature

****Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid.****

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.