

OFFICE OF FINANCIAL AID
2023-2024 TOTAL & PERMANENT DISABILITY DISCHARGE
REQUEST FOR NEW LOAN ELIGIBILITY

CFWRTS on CF24LN

Please read this form in its entirety before completing it.

The College of Southern Nevada has received notification that you had Federal Student Loans discharged due to a permanent and total disability. If you would like to take out additional Federal Student Loans, you are required to submit the forms to the Financial Aid Office:

1. **Borrower Acknowledgement Form** – You have a signed statement affirming that any new Federal Student Loans cannot be canceled due to any present impairment unless your condition deteriorates substantially.
2. **Physician Certification Form** – You must have certification from a physician attesting that your condition has improved, that you have the ability to engage in substantial gainful activity, and that you can attend college.

Privacy Act Notice

The Privacy Act 1974 (522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is 20 U.S.C. 1087, 42 U.S.C. 209 4k, and 22 U.S.C. 2601.
2. The principal purpose of this information is to verify the borrower's identity, determine whether the borrower can engage in substantial gainful activity, and, in the event it is necessary, locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) to record necessary and relevant information accurately.
3. This information is used for disclosure to federal, state, and local agencies, guaranty agencies, educational and financial institutions, and agency collectors for the purpose of:
 - a. Verifying the identity of the borrower and borrower's physician;
 - b. Determining that the borrower is able to engage in substantial gainful activity;
 - c. Investigation of possible fraud; and
 - d. Verifying compliance with program regulations.
4. Failure to provide the requested information may result in the denial of the borrower's new Federal Student Loan request.
5. This information is necessary to process requests for new Federal Direct Loans.

BORROWER ACKNOWLEDGEMENTS:

I previously received one or more Federal Student Loan(s), which were canceled due to my total and permanent disability. I acknowledge that I now have the ability to work and earn money, and I have requested – through a physician – to certify that my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity.

I acknowledge that I am now applying for one or more new Federal Student Loans. I understand that any new Federal Student Loan(s) that I receive, now or in the future, *cannot* be canceled due to any impairment(s) which are present at the time I apply for or receive the Federal Student Loan(s), unless my physician certifies the impairment(s) has substantially deteriorated after I received the new Federal Student Loan(s) to the point that I am once again totally and permanently disabled.

I understand that total and permanent disability, for the purposes of discharging a Federal Student Loan, is defined as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

Last name First name NSHE ID

Borrower's Signature Date Social Security Number

Students can submit completed forms in person at one of the 3 main campuses, by mail to CSN, 6375 W. Charleston, Sort Code WCD 126 Attn: Loan Processing, Las Vegas, NV 89146, or by email to loans@csn.edu.

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Any person who knowingly makes a false statement or misrepresentation on this form may be subject to a fine or imprisonment under Title 20, United States Code, Section 1097.

SECTION 1: BORROWER'S CERTIFICATION

BORROWER NAME: _____ NSHE ID: _____

Consent for Release of Information: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a Federal Student Loan(s) canceled to make information from such records available to the U.S. Department of Education (E.D.) or holder of my Federal Student Loan(s).

By signing this form, I acknowledge that any loans I receive hereafter cannot be canceled in the future based on any present impairment or condition unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Borrower signature: _____ Date: _____

SECTION 2: PHYSICIAN'S CERTIFICATION - Must be completed by an M.D. or D.O.

1. Diagnosis of the borrower's present medical condition (give results of complications):

2. The borrower is: Ambulatory Other (please explain below)

3. Prognosis – Is the condition static? Yes No – If no, what optimum improvement or deterioration can be expected?

4. When did the borrower's illness/injury substantially improve?

5. Physician's Certification (check one):

I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity.

In my professional medical judgment, the patient/borrower above, I **cannot certify** that they are able to engage in substantial gainful activity

Print Name of Physician

Signature of Certifying Physician

Physician's License Number

State Physician is Legally Authorized to Practice

Address

City

State

Zip Code

Telephone Number



OFFICE OF FINANCIAL AID
2023-2024 DIRECT LOAN REQUEST FORM

2024 CFLRF1/CFLRF2/CFLRF3/CLFR4

NAME: _____ **NSHE#:** _____

SECTION 1: LOAN REQUEST TERM

This loan request is for (mark only ONE box):

- Fall 2023 & Spring 2024
- Fall 2023 only (I will graduate from the College of Southern Nevada in December of 2023)
- Fall 2023 only (I do not plan on graduating yet)

SECTION 2: IMPORTANT INFORMATION:

The maximum amount a student may borrow each academic year depends upon:

1. Your academic standing.
2. The academic program length of your degree.
3. The results of your FAFSA and the estimated cost of attendance.
4. You must enroll in at least 6 credit hours to qualify for Federal Direct Loans.
5. First-time, first-year student’s loan disbursement is subject to a 30-day delay.
6. Single semester loans are delivered in two equal disbursements.

For additional information about borrowing limits, please visit www.csn.edu/csn-loans and studentaid.gov

SECTION 3: LOAN REQUEST AMOUNT:

Check one box:

- I wish to borrow \$ _____ **OR** Maximum amount calculated by CSN

SECTION 4: CERTIFICATION:

I understand I am asking to borrow a loan that must be repaid under the requirements outlined on the Master Promissory Note:

Signature _____ Date: _____

Please submit completed form in person at one of the 3 main campuses, or by mail to:

CSN Attn: Loan Processing
 6375 W. Charleston Boulevard
 Sort Code WCD 126
 Las Vegas, NV 89146

Or by emailing this completed form to loans@csn.edu