



OFFICE OF FINANCIAL AID
2022-2023 TOTAL & PERMANENT DISABILITY DISCHARGE
REQUEST FOR NEW LOAN ELIGIBILITY

2023 CFLRF1/CFLRF2/CFLRF3/CFLRF4

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 cancelled 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
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Borrower's Signature	Date	Social Security Number
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Students can submit completed loan request forms in person at one of the main campuses, by mail, or by email to loans@csn.edu. **Students must also submit a copy of a valid state driver's license, state identification card, or U.S. passport.** Please note that military identification cards are not accepted. This form and the above-mentioned acceptable identification can be mailed to CSN, 6375 W. Charleston, Sort Code WCD 126 Attn: Loan Processing, Las Vegas, NV 89146.



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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

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
2022-2023 DIRECT LOAN REQUEST FORM

2023 CFLRF/CFLRF2/CFLRF3/CLFR4

NAME: _____ **NSHE #:** _____

Loans are awarded based on an academic year (fall and spring semesters) and eligibility. Students graduating in the fall semester or are only attending the spring semester can be considered for a semester-only loan.

SECTION 1: SELECT LOAN AMOUNT

The maximum amount a student may borrow each academic year depends on (1) the student’s year in college as determined by credits, (2) length of program, (3) financial need as determined by the FAFSA and estimated cost of attendance, and (4) whether a student is dependent or independent on the FAFSA. Federal Direct Loans are also subject to an annual and aggregate limit. Review the chart below for details:

Year in College	Dependent Maximums		Independent Maximums	
	Base – Subsidized & Unsubsidized	Additional Unsubsidized	Base – Subsidized & Unsubsidized	Additional Unsubsidized
First Year	\$3,500	\$2,000	\$3,500	\$6,000
Second Year	\$4,500	\$2,000	\$4,500	\$6,000
Third and Fourth Year <i>(Bachelor programs only)</i>	\$5,500	\$2,000	\$5,500	\$7,000

- How much do you want to borrow? **Please note:** this request is for the entire school year and is in addition to the amount you have already been awarded in MyCSN.

\$ _____

- You will be awarded any SUBSIDIZED loan eligibility first. If you do not qualify for the loan amount requested in SUBSIDIZED loan funds, we will award the remaining UNSUBSIDIZED funds (which accrues interest while in school). Please select whether you would like to receive an UNSUBSIDIZED loan (**select one only**).
 - Yes, I want an UNSUBSIDIZED loan
 - No, I do not want an UNSUBSIDIZED loan

SECTION 2: LOAN ELIGIBILITY REQUIREMENTS

Please check that you understand the eligibility criteria for receiving a Direct Student Loan. For more loan information, visit <https://www.csn.edu/csn-loans>.

- You must be enrolled in a minimum of 6 credits required for your declared degree/certificate program.
- If you are a first-time borrower, your loan is *subject to a 30-day delay* of the loan disbursement from the start of courses.
- If you are awarded a semester-only loan, it will be disbursed in two disbursements: one at the beginning of the term and another at mid-term.

SECTION 3: CERTIFICATION

Students can submit completed loan request forms in person at one of the main campuses, by mail, or email to loans@csn.edu. **Students must also submit a copy of a valid state driver’s license, state identification card, or U.S. passport.** Please note, military identification cards are not accepted. This form and the above-mentioned acceptable identification can be mailed to CSN, 6375 W. Charleston, Sort Code WCD 126 Attn: Loan Processing, Las Vegas, NV 89146.

The Office of Financial Aid will determine the amount based on your eligibility.

Student signature: _____ Date: _____