

<b>OFFICE OF FINANCIAL AID</b>
<b>2025-2026 TOTAL &amp; PERMANENT DISABILITY DISCHARGE REQUEST FOR NEW LOAN ELIGIBILITY</b>

CFWRTS on CF26LN

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 following forms to the Financial Aid Office:

- 1. **Borrower Acknowledgement Form (must be completed annually)** – 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 (must be completed once unless new loans have been discharged)** – You must have certification from a physician attesting that your condition has improved, you have the ability to engage in substantial gainful activity, and you can attend college.
- 3. **2025-2026 Direct Loan Request Form** (submit ONLY after you have submitted the Borrower Acknowledgment and Physician Certification form, as applicable)- [2025-26 Direct Loan Request Form](#)

*Please mark one as it applies to you:*

- ☐ The Physician’s Certification (SECTION B) on page two has been completed by a qualified physician.
- ☐ I have submitted a Physician’s Certification to CSN in a prior academic year.

**SECTION A: BORROWER'S CERTIFICATION AND ACKNOWLEDGEMENT**

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.

**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 Federal 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’s Name: \_\_\_\_\_ NSHE: \_\_\_\_\_

Borrower's Signature \_\_\_\_\_ Date \_\_\_\_\_

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 [financialaidoffice@csn.edu](mailto:financialaidoffice@csn.edu).

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

Borrower's Name: \_\_\_\_\_ NSHE: \_\_\_\_\_

The above-referenced student was previously classified as totally and permanently disabled\* and as a result of this condition received a total discharge of his/her federal student loan indebtedness and/or TEACH Grant obligations. The borrower is now requesting additional financial aid from the Federal Direct Loan Program. In order for the student to be considered for a new loan(s), the U.S. Department of Education requires a physician certification to be completed.

\*Totally and Permanently Disabled, is the condition of an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; or has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Please respond to the following question as required by the U.S. Department of Education. The signed Borrower Certification and Acknowledgement authorizes you to release this information.

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. *Substantial gainful activity is defined as a level of work performed for pay or profit that involves doing significant physical and/or mental activities.*
- ☐ In my professional medical judgment, I **cannot certify** that the patient/borrower above is able to engage in substantial gainful activity. *Substantial gainful activity is defined as a level of work performed for pay or profit that involves doing significant physical and/or mental activities.*

I am a doctor of (check one): ☐ Medicine ☐ Osteopathy

\_\_\_\_\_  
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 #