



Student Name: \_\_\_\_\_

WIN #: \_\_\_\_\_

-- Please Print Legibly in Blue or Black Ink Only --

**Disability Notice for Permanent Discharge**

According to information we received from the National Student Loan Data System (NSLDS), you have loans that were cancelled because of total and permanent disability and are ineligible to receive federal or state financial aid funds unless certain conditions are met. We encourage you to resolve this issue as quickly as possible. **Your completed form must be received in our office at least 30 days prior to your last date of enrollment for the academic year you are requesting financial aid.** Many financial aid programs have specific deadlines. Delays in processing your application may result in a reduction or loss of financial aid awards. If you have any questions or need assistance, please contact us at (269) 387-6000 between 8 a.m. and 5 p.m., Monday through Friday.

- 1. If you do not want to borrow a federal student loan, complete the top section, sign and date here and submit this form to the financial aid office:

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

- 2. If you want to borrow a federal student loan, you must return this form with your name and WIN number and complete the "Student Certification" below. A legally licensed physician must also complete the "Physician Certification" below stating you have the ability to engage in substantial gainful activity and can attend school.

**Student Certification:**

I, the student, am requesting consideration for federal student loans. I certify I do not have at the present time an illness or injury which would prohibit me from being able to work and earn money or go to school. I am aware the federal student loans can not be cancelled at a later time on the basis of any present impairment unless the condition substantially deteriorates.

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

**Physician Certification:**

The student listed above is requesting consideration for federal student loans. You are being asked to certify that the student is able to engage in substantial gainful activity.

I am (check one) ( ) doctor of medicine ( ) doctor of osteopathy legally authorized to practice in the state of \_\_\_\_\_ and my professional license number issued by that state is \_\_\_\_\_. I certify, to the best of my professional judgment, the student does not have an illness or injury that would prohibit the student from being able to work and earn money or go to school indefinitely.

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's Printed Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Please mail document to: Western Michigan University, Student Financial Aid  
1903 West Michigan Avenue, Kalamazoo, MI 49008-5337