



Full Name: _____ EOU Student ID: 910-_____

Phone Number: () - _____ EOU E-mail: _____@eou.edu

Permanent Address: _____

34 CFR 685.200(a)(1)(iv) In the case of a borrower whose previous loan or TEACH Grant service obligation was discharged due to total and permanent disability, a student is eligible to receive a Direct Subsidized Loan, a Direct Unsubsidized Loan, or a combination of these loans, if the student meets the following requirements:

In the case of a borrower whose prior loan under Title IV of the Act was conditionally discharged after an initial determination that the borrower was totally and permanently disabled based on a discharge request received prior to July 1, 2010: (1) The suspension of collection activity on the prior loan has been lifted; (2) The borrower complies with the requirement in paragraph (a)(1)(iv)(A)(1) of 34 CFR 685.200; (3) The borrower signs a statement acknowledging that neither the new Direct Loan the borrower receives nor the loan that has been conditionally discharged prior to a final determination of total and permanent disability can be discharged in the future on the basis of any impairment present when the borrower applied for a total and permanent disability discharge or when the new loan is made, unless that impairment substantially deteriorates; and (4) The borrower signs a statement acknowledging that the suspension of collection activity on the prior loan will be lifted.

By signing this document, you acknowledge that neither the new Direct Loan you receive nor the loan that has been conditionally discharged prior to a final determination of total and permanent disability can be discharged in the future on the basis of any impairment present when you applied for a total and permanent disability discharge or when the new loan is made, unless that impairment substantially deteriorates. You also acknowledge that the suspension of collection activity on the prior loan will be lifted. Furthermore, you certify that all of the documents sent with this form are complete and correct.

Please sign this form in ink in the presence of a notary. Student signature: _____

When complete, bring or mail this form with all required documentation to EOU's Financial Aid Office. EOU FINANCIAL AID OFFICE, ONE UNIVERSITY BLVD, INLOW HALL # 104, LA GRANDE, OR 97850-2807 More information at www.eou.edu/fao/ Questions? Call 541-962-3550.

REQUIRED DOCUMENTATION

- 1. Certification from your physician stating that you are able to engage in substantial gainful activity.
2. Copy of the ID presented to Notary Public.

NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT

Notary's certification may vary by state.

State of _____ City/County of _____/_____

On _____ (Date), before me, _____ (Notary's name), personally

appeared, _____ (Printed name of signer), and proved to me on the basis of

satisfactory evidence of identification _____ (Type of unexpired government-issued photo ID

provided) to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____ (Notary signature)

My commission expires on _____ (Date)

Direct Loan ID(s) made with this acknowledgment: [Grid of boxes for ID numbers] INSTITUTIONAL USE ONLY