

## 2025-2026 LOAN DISCHARGE/DISABILITY: VERIFICATION

### STUDENT INFORMATION (Please Print)

Student's Last Name	Student's First Name	Middle Initial	Student ID Number
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The U.S. Department of Education's records indicate that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional federal financial aid, you must complete **ONLY** OPTION 1 or OPTION 2 on this form and return it to the MATC Financial Aid Office.

### OPTION 1: REINSTATEMENT OF FEDERAL LOAN ELIGIBILITY

#### SECTION 1: To be completed by BORROWER.

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

By signing below, you are requesting federal loan funds and you are aware that any new Federal Loan cannot later be discharged for any present impairment unless it deteriorates so that you are again totally and permanently disabled. If your prior loan was conditionally discharged and the conditional period has not elapsed, you are affirming by signing below that collection will resume on the conditionally discharged loan and unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present when the conditional discharge was granted or when you requested the new loan.

### CERTIFICATION STATEMENT

I certify that all information reported in this document is true, complete, and accurate. I understand that any false statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

**WARNING:** If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both

Student Signature	Date
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#### SECTION 2: To be completed by PHYSICIAN.

**Physician Certification:** I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. Per the Social Security Administration, the term "substantial gainful activity" (SGA) is used to describe a level of work activity and earnings. Work is "substantial" if it involves doing significant physical or mental activities or a combination of both. "Gainful" work activity is: Work performed for pay or profit. I understand that I may be contacted by MATC Office of Financial Aid for clarification of this student's status.

I am a doctor of:

☐ Medicine      ☐ Osteopathy/Osteopathic Medicine      In the State of \_\_\_\_\_

Please select one of the options below:

- ☐ Yes, the patient listed above, has the ability to engage in substantial gainful activity.  
☐ No, the patient listed above, does not have the ability to engage in substantial gainful activity

Practice Name	Practice Address
Name of Physician (print)	Professional License Number
Physician Phone Number	Physician's Email

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Physician's Signature (a signature stamp is not acceptable)	Date
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Financial Aid Office: 700 West State Street, Room S112 ■ Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466  
**matc.edu**    finaid@matc.edu

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**OPTION 2: DECLINE NEW LOANS**

IF YOU ARE NOT INTERESTED IN RECEIVING FEDERAL LOANS FOR THIS ACADEMIC YEAR, SIGN AND DATE BELOW; **NO FURTHER ACTION IS NEEDED**. IF YOU ARE ELIGIBLE FOR ANY GRANTS, THOSE WILL STILL BE AWARDED.

Student's Signature	Date

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