

OFFICE OF FINANCIAL AID
2024-2025 TOTAL & PERMANENT DISABILITY DISCHARGE
REQUEST FOR NEW LOAN ELIGIBILITY

CFWRTS on CF25LN

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. **2024-2025 Direct Loan Request Form** (submit ONLY after you have submitted the Borrower Acknowledgment and Physician Certification form, as applicable)- [2024-25 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 _____ Social Security Number _____

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.

