Student Financial Aid Office
11400 Robinwood Drive
Hagerstown, MD 21742
finaid@hagerstowncc.edu
FAX: 301-791-9165

LOAN DISCHARGE APPEAL FORM

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. Before you can apply for additional Direct Loans this form must be completed and returned to the Student Financial Aid Office.

Student Last Name _____ First Name _____ MI _____

HCC ID _____ Award Year (ex: 2022-2023):_____

(**Complete a separate form for each award year)**

Section 1: TO BE COMPLETED BY THE BORROWER

If you DO NOT want to apply for a Federal Direct Student Loan, check this box: ☐

Phone Number	Address	
City	State	Zip
Email Address		

By signing this form, I acknowledge that any loans I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition unless the impairment or condition deteriorates to the extent that the definition of total and permanent disability is met. Additionally, if I am subject to a post-monitoring period, I am aware that collection may resume on any of my conditionally discharged loans and agree to provide documentation of the resumption of collection.

Student Signature	Date

Section 2: TO BE COMPLETED BY THE CERTIFYING PHYSICIAN (only if borrowing loans)

Check one of the following for the student listed above:

☐ I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity.

OR

☐ I certify that in my professional medical judgment, the patient/borrower named above is not able to engage in substantial gainful activity.

Physician Name	Physician Phone Number	
State legally authorized to practice medicine	Physician License Number	
Street Address		
City	State	Zip
Physician Signature	Date	