

Signature:

Resolution Of Discharged Federal Students Loans

Office of Financial Aid 1950 Third Street	La Verne, CA 91750 Phone: (800) 649160 Fax: (909) 4481629
Student Name	Student ID
substantial gainful activity and (2) a IV loan obligation cannot be discha	rom your physician certifying that you are able to engage in a statement, signed by you, acknowledging that the new Title arged in the future on the basis of any impairment present as that impairment substantially deteriorates so that you are oncooled.
student loans have been discharge stating that you have the ability to efederal loans for which you are apportification, you will need to sign a statement, I am sufficiently physical completing a program of study, and loans. I am aware of that any new I	stem (NSLDS) indicates that one or more of your federal ed. Please provide a signed copy of a physician's certification engage in substantial gainful activity in order to pay off any olying. Along with the signed copy of your physician's and return the statement below. Per my physicians signed ally recovered to be be attending school, successfully disecuring employment in order to repay my new student Federal Student Aid loan(s) cannot later be discharged for any nent deteriorates so that I am again totally and permanently

Date: _____