2018-19
Eligibility Reinstatement Form for Federal Student Loan Programs after a Previous Total and Permanent Discharge
(F9FDIS)

MARQUETTE UNIVERSITY

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This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

STUDENT SECTION

Student Legal Name (Please Print): _____

Student MUID: _____

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan (FFEL) Program, Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant Service Program. By my signature below, I acknowledge that I have the ability to engage in substantial gainful activity. And, I also clearly understand that any additional Federal student loans I receive must be repaid in full and cannot be cancelled in the future on the basis of any present impairment when the new loan is made unless that impairment deteriorates so that I am again totally and permanently disabled as determined by my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Marquette University, the U.S. Department of Education, or to the holder of my loan(s).

Student Signature: _____ Date: _____

***PLEASE MANUALLY SIGN WITH A BALLPOINT PEN.**
FORMS WITH DIGITAL/ELECTRONIC/TYPED SIGNATURES CANNOT BE ACCEPTED AND WILL BE RETURNED*

PHYSICIAN SECTION

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

I certify in my best professional judgment that the above named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature: _____ Date: _____

Please type or print the following:

Physician Name: _____

Address of Practice: _____

_____

City, State, Zip Code: _____

Office Phone Number: (_____) _____