



Office of Student Financial Aid

C O O

\_\_\_\_\_  
Last Name First Name M.I.

\_\_\_\_\_  
BRCTC ID number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Email Address

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total or permanent disability. Before you can receive additional federal student loans, you must complete the following certifications and return this form to the BRCTC Financial Aid Office.

**If you do not wish to take out loans please check the box below, sign and return.**

☐ I do not wish to receive student loans; I am only interested in receiving the Pell grant.

**1. Student certification:**

I certify that the condition that previously caused me to be considered totally and permanently disabled has improved to the point where I am now able to work and to earn money or to attend school. I understand that if I accept additional student loan assistance, that such assistance will not be eligible for cancellation on the basis of any present impairment unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is again met. I further understand that, if I am within the three-year provisional period for disability cancellation of a prior loan, I must resume payment on that loan.

\_\_\_\_\_  
Student Signature Date

**2. Physician Certification/Statement**

**\*\*If interested in taking out loans, please finish part two\*\***

Please attach a Physician's certification/statement that you have the ability to engage in substantial gainful activity.

\*This generally means that you have sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan you are seeking.

***To Be Completed by Physician:***

Physician Certification The above referenced borrower was previously classified as totally and permanently disabled and received a discharge for their student loans as a result of that classification. The borrower is requesting more student loans from one of the federal educational loan programs. Please respond to the questions below as required by the U.S. Department of Education. Is the borrower totally and permanently disabled?

Y ☐ N ☐ Is the borrower able to attend school?

Y ☐ N ☐ Is the borrower able to engage in gainful employment?

Y ☐ N ☐ Comments:

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Physician Address and Phone: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

Physician Signature/Date: \_\_\_\_\_

**To return this form:**

Mail: Office of Student Financial Aid  
13650 Apple Harvest Drive  
Martinsburg WV 25403  
Fax: 304-260-4376

Email: [finaid@blueridgectc.edu](mailto:finaid@blueridgectc.edu) – DO NOT EMAIL TAX DOCUMENTS OR ANYTHING WITH SOCIAL SECURITY NUMBERS