

2023-2024 Loan Discharge Reaffirmation Form

A. Student Information

Student Name: _____ NSHE: _____

B. Background Information and Instructions

The U.S. Department of Education has indicated that you had a federal student loan previously discharged because of a total and permanent disability. Regulations require a physician, nurse practitioner, physician assistant, or independent licensed certified psychologist to certify your current medical status before you can receive additional federal student loans. Please upload your completed documents to the [Rebel Success Hub \(Formerly known as the Self-Service Help Center\)](http://unlv.today/service) at <http://unlv.today/service>.

1) Provide a written statement, on letterhead, from your physician certifying the following:

- Your physical condition will allow you to engage in substantial gainful activity*
- Your physical condition will allow you to successfully complete a college program of study
- Your physical condition will allow you to be able to secure employment in order to repay the new federal student loans being offered to you

(If you have provided a physician statement previously at UNLV, you do not need to do so again. You may submit only the Student Acknowledgement below.)

2) Sign the Student Acknowledgement below regarding your loan obligation. A new Acknowledgement must be submitted each year in which you will receive additional loans.

**Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.*

C. Student Acknowledgement

I acknowledge that any federal student loan received at the University of Nevada, Las Vegas on or after the date of my signature on this statement, cannot be discharged in the future on the basis of any present impairment, unless that condition substantially deteriorates. A request for cancellation based on any currently existing condition must document substantial deterioration after the date of this statement.

Student Signature: _____ Date: _____