## 2018 – 2019 Loan Discharge Reaffirmation Form

### A. Student Information

Last Name: ____________________________  First Name: ____________________________  MI: ___________

Student NSHE: ________________________________

### B. Affirm the following conditions:

The U.S. Department of Education indicated you had a federal student loan previously discharged because of a total permanent disability. Federal regulations require a physician to certify your current physical condition before additional Federal student loans can be offered to you.

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 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

2) Student must also sign statement below (Section C) acknowledging future loan obligation

* **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 loan obligation incurred through the University of Nevada, Las Vegas on or after the date of my signature on this statement, cannot be cancelled 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 that date of the signing of this statement.

Student Signature __________________________________________  Date ____________________________