**UNIVERSITY OF ILLINOIS CHICAGO – Office of Student Financial Aid and Scholarships** 

1200 W. Harrison Street, M/C 334 -- Chicago, Illinois 60607-7163 -- Phone: (312) 996-3126 **College of Medicine**: 808 S. Wood Street, M/C 782 -- Chicago, Illinois 60612-7301 -- Phone: (312) 413-0127



## 2023-20234 Loan Discharge/Disability Verification

Section A	– Student Information (Ple	ase print clearly)	
Last Name	First Name	M.I.	Email
2. Submit all o	<b>S:</b> his worksheet, answer all questions documents together. t UIN on every page of 8 ½ x 11 le		
	artment of Education's records indic e to Total and Permanent Disability		udent loans and/or TEACH grants
<ul> <li>substantia</li> <li>Submit a legrant were</li> <li>Sign the B discharge</li> </ul>	physician's certification <u>SIGNED</u> by I gainful employment.  etter from the U.S. Department of Exterior due to Total and Permorrower Acknowledgment below, so cannot be discharged for any presentation.	Education that confirms that your nanent Disability (TPD). tating that you understand that a lent impairment.	
	d the following documentation (ple	-	
□ Certifio □ Letter Disabi	cation from a qualified physician sta from the U.S. Department of Educa	ating that you have the ability to eation confirming student loans we	engage in substantial gainful employment. ere discharged due to Total and Permanen
Section C	– Borrower Acknowledgm	ent	
	t impairment unless it deteriorates the Borrower Acknowledgment ea	so that I am again totally and per	udent aid loans cannot later be discharged rmanently disabled. I also understand that oan and/or TEACH grant.
Student Signature		Date	
IMPORTANT:	Return this form to Student Finar  1. Clearly print UIN on every p  2. Include all appropriate signs	age of 8 ½ x 11 legible copies.	

ENTER YOUR 9-DIGIT UIN

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