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



2024-2025 Loan Discharge/Disability Verification

Section A – Stu	dent Information (Please _l	orint clearly)	•
Last Name	First Name	M.I.	Email
2. Submit all docume	sheet, answer all questions and $\frac{1}{2}$ nts together. In every page of 8 $\frac{1}{2}$ x 11 legible of		
	of Education's records indicate that and Permanent Disability (TPD		tudent loans and/or TEACH grants
substantial gainfuSubmit a letter fro and Permanent DSign the Borrowel	l employment. m the lender that confirms your sisability (TPD).	tudent loans and/or TEAC	at you have the ability to engage in CH grant were discharged due to Total any new student loans after your TPD
Section B - Loa	an Discharged due to Disa	bility Verification	
I have attached the fo	llowing documentation (please cl	heck):	
 □ Certification from a qualified physician stating that you have the ability to engage in substantial gainful employmen □ Letter from the lender confirming your student loans were discharged due to Total and Permanent Disability. □ Requested documentation is on file from a previous school year. 			
Section C - Boi	rrower Acknowledgment		
	, undo ment unless it deteriorates so tha rrower Acknowledgment each tim	t I am again totally and pe	student aid loans cannot later be discharged ermanently disabled. I also understand that loan and/or TEACH grant.
Student Signature		Date	
1. CI	n this form to Student Financial A early print UIN on every page o clude all appropriate signatures	f 8 ½ x 11 legible copies	i.

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ENTER YOUR 9-DIGIT UIN

