



# Office of Financial Aid

Central Washington University

## Acknowledgement to Repay Federal Loans after Disability Discharge

**Aid Year: 2021-2022**

I, (print name) \_\_\_\_\_, Student ID: \_\_\_\_\_,

acknowledge that the Federal Direct Loan(s) I borrow and/or the TEACH Grant service obligation I commit to for the current award year cannot later be discharged for any present impairment or disability unless my condition deteriorates so that I again become totally and permanently disabled. I understand that I must provide this signed statement each year I take out a new Federal Direct Loan or receive a TEACH Grant.

I also acknowledge that **I must provide a signed certification from my physician that I have the ability to engage in substantial gainful activity.** I understand that I will only need to provide the physician's certification if this is the first time I am receiving a Federal Direct Loan or TEACH Grant at Central Washington University following my permanent and total disability discharge.

Written Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***This form should be uploaded through your "To Do List" on the MyCWU Student tab.  
You should keep a copy of this worksheet for your records.***

***This form should be uploaded through your "To Do List" on the MyCWU Student tab.***