



Financial Aid Office | 25 University Avenue | Kershner Student Service Center
West Chester, PA 19383 | 610-436-2627 | Fax: 610-436-2574 | finaid@wcupa.edu

2018-2019
Total and Permanent Disability Discharge
Reinstatement for FSA Loans

Student's Name: _____ WCU ID #: _____

Social Security Number: _____

Current Phone number: _____

Current Address: _____

1. **Attached** is my signed and dated Physicians Certification attesting to the fact that I am able to engage in substantial gainful employment activity!
2. I understand and acknowledge that by providing the above required Physicians Certification, and by agreeing to take out any new FSA loans not previously discharged under my prior Total and Permanent Disability Discharge, I am liable to repay any new loans that I may agree to borrow.
3. I understand and am aware that any new FSA loans which I agree to borrow MAY NOT be later discharged for any present impairment unless it substantially deteriorates so that I am again totally and permanently disabled!
4. I have called Nelnet at 1-888-303-7818 to make sure that my post-discharge monitoring period has ended!!!

By signing this certification, I certify that all the information reported is complete and correct, and that I understand, agree and intend to comply with the above statements!

X _____ Today's Date _____
Student Signature

****Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid.****

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.