

2024-2025 Loan Disability Discharge Certification (FALDD)

Student Information

Full Name (First, MI, Last): _____

Date of Birth: _____ FSU ID/EMPLID: _____

Borrower Certification

I certify that I have had prior student loan(s) discharged due to Total and Permanent Disability. Furthermore, I understand that any new federal student loans I may borrow cannot be discharged due to my current disability, unless my condition significantly deteriorates, as verified by a State-licensed physician.

I also acknowledge that in order to apply for new student loans, I must provide a State-licensed physician's statement to the FSU Office of Financial Aid certifying my ability to obtain gainful employment in the future.

I am fully aware that if I have been granted a student loan discharge due to Conditional Total and Permanent Disability within the last three years and am currently in the "three-year conditional discharge period," borrowing additional student loans may void my prior discharge.

I have attached a State-licensed physician's note (on the physician's letterhead) certifying my ability to obtain gainful employment.

Doctor's Statement Must Be Attached

Please Read and Certify the Following:

- I certify that the submitted information is accurate and correct to the best of my knowledge.
- I have read each section and provided the appropriate required documentation.
- I understand that I may be contacted if further information is needed.
- I understand that if I **DO NOT** provide supporting documentation, no further action will be taken on this request by the Office of Financial Aid.
- Signature is required.

Student Signature (No Electronic Signatures): _____ **Date:** _____