



**Financial Aid Offices**  
 50 Oakland Street, Wellesley Hills, MA 02481      490 Franklin Street, Framingham, MA 01702  
 Phone (781) 239-2600      Phone (508) 270-4010  
    Fax (781) 239-2607  
    Email: [finaid@massbay.edu](mailto:finaid@massbay.edu)

## Disability Discharge Loan Certification Statement 2026-2027

**Student's Name:** \_\_\_\_\_ **MassBay ID#:** \_\_\_\_\_

**Instructions**

The National Student Loan Data System (NSLDS) indicates that you have one or more federal student loans discharged due to total and permanent disability or are currently in the process of applying for Total and Permanent Disability (TPD) discharge. Our office must clarify whether or not you want additional loan consideration. Return completed form to our office. To view your financial aid history, including federal student loans, visit <https://Studentaid.gov>

**To Be Completed by Student**

Student Loan Information - Please Initial by **ONE** of the Following that best describes your intent:

1. \_\_\_\_\_ I do **NOT** wish to take out Federal Student Loans for 2026-2027.
  - You will be considered for other types of federal and state assistance, but not federal student loans
2. \_\_\_\_\_ I want to be considered for Federal Student Loans for 2026-2027.
  - Student must Complete Student/Borrower Certification Statement
  - Your physician must complete the Physician's Certification Statement

**Student/Borrower Certification and Signature**

*I realize that any new Federal student loan(s) for which I apply cannot be cancelled in the future based on my present impairment unless my condition substantially deteriorates subsequent to receiving additional loans.*

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(electronic signature not accepted)*

\*You must also present a valid, government-issued photo identification (ID), such as a driver's license, other state issued ID, or US Passport to the Financial Aid Office. It must be submitted to our office in person. We will not accept this via email, fax or mail.

**Physician's Certification Statement**

\_\_\_\_\_ *I certify that my patient (the student identified on this form) has a total and permanent disability condition that has improved and the student has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.*

\_\_\_\_\_ *In my professional medical judgment, the patient/student named above is **not able** to engage in gainful employment.*

**Physician Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Address** \_\_\_\_\_  
 \_\_\_\_\_

**License # & Specialty** \_\_\_\_\_

**Physician Signature** \_\_\_\_\_ **Date** \_\_\_\_\_