

2025-2026 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 **(Please have physician complete second page)** 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.

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.
- The physician section below has been completed in its entirety, certifying my ability to obtain gainful employment.

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

**Physician Section: Must be completed if this is the first time the student is submitting this form.
If this form has been submitted in a prior academic year, this section is not required.**

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending schools, successfully completing program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

I certify in my best professional judgment that the above-named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature: _____ **Date:** _____

Physician Name (Print): _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____