



## **Certification for Federal Direct Stafford Loans After Discharge of Loans Due to Disability**

Student: \_\_\_\_\_ ID#: \_\_\_\_\_

To be completed by student

I, \_\_\_\_\_, affirm that any new loans I receive cannot later be cancelled due to any present impairment unless my condition worsens substantially so that I again meet the definition of total or permanent disability.

Student Signature: \_\_\_\_\_

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

\* Please submit this form to the MCC Financial Aid Office, along with a letter from your physician certifying that you can engage in substantial, gainful activity.