

## **2024-2025 Disability Discharge Request For Additional Loans**

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Student Name	 Tech ID
Please initial by each point below:	
I acknowledge that I am able to engage	e in substantial gainful activity.
	student loans cannot be later discharged for any ment deteriorates to the point of total and
I am providing (or have provided previous have the ability to engage in substantia	ously) a physician's statement certifying that I I gainful activity.
Student Signature	Date

Submit this form to Student Services T.2100

