

Request to ~~re~~establish Federal Student Loan Eligibility after discharge of prior educational loan(s) due to total and permanent disability.

LAST NAME _____

FIRST NAME _____

LAST FOUR DIGITS ~~SSN~~ _____

ANDREWS UNIVERSITY ID# _____

DATE OF BIRTH _____

PHONE/MOBILE _____

MAILING ADDRESS _____

- x I certify that I am aware that any new federal educational loans that I borrow cannot be discharged in the future on the basis of any impairment present at the time the new loan is accepted unless my impairment present at the time the new loan is accepted substantially deteriorates. In addition, acceptance of a new federal educational loan may prevent final discharge of prior educational loans that were conditionally discharged due to total and permanent disability after July 1, 2010. I understand that I must sign the statement for each new loan application.