

The National Hispanic University
Student's Certification of Loan Discharge

Name: _____ SSN: _____
Address: _____ Phone: _____
City, State: _____ ZIP: _____

STUDENT:

1. Ask your physician to complete the **PHYSICIAN'S CERTIFICATION OF BORROWER'S CONDITION** (only if you have not previously submitted)
2. Read the following paragraphs.
3. Sign and date this form.
4. You can submit/mail both forms to The National Hispanic University's Office of Financial Aid at the address listed below or fax them to 408-254-1369.
- 5.

I understand that my new federal student aid loan cannot be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

I also understand that if I am within the three-year provisional period for disability cancellation of a prior loan, I must resume payment of that loan.

STUDENT SIGNATURE: _____

DATE: _____

POSTING AND PROCESSING OF THIS DOCUMENT BY THE NATIONAL HISPANIC UNIVERSITY'S OFFICE OF FINANCIAL AID WILL TAKE 3-5 BUSINESS DAYS

Office of Financial Aid • 14271 Story Road • San Jose CA 95127
Phone 408-254-2708
Fax 408-254-1256