

Financial Aid Office | 25 University Avenue | Kershner Student Service Center West Chester, PA 19383 | 610-436-2627 | Fax: 610-436-2574 | finaid@wcupa.edu

2023-2024 Total and Permanent Disability (TPD) Discharge Reinstatement for FSA Loans

Student's Leg	gal Name:	WCU ID #:
Last 4 digits	of your Social Security Number:	
Current Phone number:		
Current Addre	ess:	
 Attached is my signed and dated Physicians Certification on my doctor's letterhead attesting to the fact that I am able to engage in substantial gainful employment activity! I understand and acknowledge that by providing the above required Physicians Certification, by signing this form, and by agreeing to take out any new FSA loans not previously discharged under my prior Total and Permanent Disability Discharge, I am liable to repay any new loans that I may agree to borrow. I understand and am aware that any new FSA loans which I agree to borrow MAY NOT be later discharged for any present impairment unless I substantially deteriorate so that I am again totally and permanently disabled! I have called Nelnet at 1-888-303-7818 to make sure that my three-year post-discharge monitoring period has ended!!! NOTE: The three-year monitoring period does not apply to a VA discharge. 		
*****	*************	************
	lease initial here. By initialing to the left (and by signing b n NOT interested in borrowing any additional federal stude	
	his certification, I certify that all the information reported to comply with the above statements! I understand I mu	
X	Today's Da	ite
	Student Signature	

Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid.

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

RAF/raf 04/17/23