2022-2023



Discharged Student Loans (FDISCH)

Student's Name (PRINT):	Phone: ()	
HCC ID: Date of Birth: //_	Home Campus:	
(9-digit number required)	(Primary location of attendance)	
This form must be completed by any student wishing to redischarged due to total and permanent disability. Student Finan pending information prior to awarding any federal financial aid.	ncial Aid (SFA) must review all discharged loans and other	
If you are interested in receiving Federal Student Loan see the information below.	s for the 2022-2023 academic school year please	
,	otal and permanent disability wishes to take out another ation that he/she has the ability to engage in substantial	
Please attach a physician's certification/statement that activity.	at you have the ability to engage in substantial gainful	
	ently physically recovered to be capable of attending study, and securing employment in order to repay the	
later be discharged for any present impairment unl permanently disabled. If your prior loan was conditi elapsed, you are affirming by signing below that collect	ds and you are aware that any new federal loan cannot less it deteriorates so that you are again totally and ionally discharged and the conditional period has not cion will resume on the conditionally discharged loan and prior loan cannot be discharged in the future for any s granted or when you requested the new loan.	
*Your financial aid will not be processed without for new federal loans.	out the physician's certification to support your request	
**Documentation required is pursuing addition	nal loan eligibility.	
Check here if you are NOT interested in obtaining federal	I student loans for your educational expenses.	
Certificati	ion	
By signing below, I acknowledge and confirm that the above information may result in federal fines, jail senten	. , , , ,	
Student Signature:	Date:	