Financial Aid

2026-2027 DISABILITY LOAN DISCHARGE VERIFICATION FORM

The U.S. Department of Education's records indicate that you have had one or more student loans discharged because of a total and permanent disability.

STUDENT INFORMATION (Please print)

Student's Last Name   Student's First Name   Middle Initial   Student ID Number

REINSTATEMENT OF FEDERAL LOAN ELIGIBILITY

Please choose ONLY ONE option:	Provide required documentation
☐ I am requesting reinstatement of my federal loan eligibility for this academic year	• Have your physician complete **page 2** of this form. • Review and sign the **borrower acknowledgement** below
☐ I am not interested in receiving federal loans for this academic year	• Sign and date this form. No further action is needed.

BORROWER ACKNOWLEDGEMENT

LOAN ELIGIBILITY REINSTATEMENT DISCLAIMER: By signing below, you are requesting federal loan funds. You are also aware that any new federal loan cannot later be discharged for any present impairment unless it deteriorates so that you are again totally and permanently disabled. If your prior loan was conditionally discharged and the conditional period has not elapsed, you are affirming that collection will resume on the conditionally discharged loan. Additionally, unless your condition substantially deteriorates, the prior loan cannot be discharged in the future for any impairment present when the conditional discharge was granted or when you requested the new loan.

CONSENT FOR RELEASE OF INFORMATION: By signing below, I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

CERTIFICATION AND SIGNATURE

By signing this document, the student certifies that all information provided is complete and correct. They must sign and date.
(Electronic/typed signatures are not accepted)

Student Signature (Required)   Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both

MATC is accredited by the Higher Learning Commission, Commission on Institutions of Higher Education, the national standard in accrediting colleges and schools for distinction in academics and student services. MATC is an Affirmative Action/Equal Opportunity institution and complies with all requirements of the Americans with Disabilities Act.

Financial Aid

2026-2027 PHYSICIAN CERTIFICATION

STUDENT INFORMATION (Please print)

Student's Last Name | Student's First Name | Middle Initial | Student ID Number

PHYSICIAN INFORMATION (Please print)

Last Name | First Name | Professional License Number

Practice Address | Name of Practice

City | State | Zip Code | Physician Phone Number

TO BE COMPLETED BY THE PHYSICIAN:

I am a (check one):

- ☐ Doctor of medicine (MD)
- ☐ Doctor of Osteopathy/Osteopathic Medicine (DO)

By signing below, I certify that the aforementioned student has a disability condition that has improved, and that the student, in my professional opinion, has the ability to engage in substantial gainful activity.

I understand that I may be contacted by MATC Office of Financial Aid for clarification of this student's status.

PLEASE NOTE: Per the Social Security Administration, ***Substantial Gainful Activity (SGA)*** is used to describe a level of work activity and earnings. Work is ***substantial*** if it involves doing significant physical or mental activities or a combination of both. ***Gainful*** work activity is work performed for pay or profit.

CERTIFICATION AND SIGNATURE

By signing this document, the physician certifies that all information provided is complete and correct. They must sign and date.
(Electronic/typed signatures are not accepted)

Physician Signature (Required) | Date

WARNING: If you purposely give false or misleading information on this form, you may be fined, be sentenced to jail, or both

Financial Aid Office: 700 West State Street, Room S112, Milwaukee, WI 53233-1443 ■ Phone: 414-297-6282 ■ Fax: 414-297-6466
matc.edu finaid@matc.edu

MATC is accredited by the Higher Learning Commission, Commission on Institutions of Higher Education, the national standard in accrediting colleges and schools for distinction in academics and student services. MATC is an Affirmative Action/Equal Opportunity institution and complies with all requirements of the Americans with Disabilities Act.