

For School Use Only:

Banner ID: _____

Aid Year: _____



Financial Aid

SUNY BROCKPORT

CERTIFICATION REQUEST FOR FEDERAL AID AFTER DISCHARGE OF LOANS DUE TO DISABILITY

Student: _____ SSN: _____

Check one:

☐ I wish to apply for Federal PELL, Federal SEOG and Federal College Work-Study only. (Sign below and return to Financial Aid Office. Parts I and II do not need to be completed.)

Student Signature: _____

☐ I wish to apply for all federal aid, including Federal Direct Stafford Loans and Federal TEACH Grant. (Complete Parts I and II below and return to the Financial Aid Office.)

Part I – To be completed by student.

I, _____, wish to borrow additional Federal Direct
Student Name (please print)
Stafford Loans and receive a Federal TEACH Grant if eligible. I affirm that the new loans cannot be cancelled later due to any present impairment unless my condition worsens substantially so that I again meet the definition of total or permanent disability.

Student Signature

Student Social Security Number

Date of Certification Request

Part II – To be completed by attending Physician.

I, _____, practicing physician at
Name of Attending Physician (please print)

_____, attest that
Name and Address of Medical Group/Facility Attending Physician is associated with (please print)

_____ has the ability to engage in substantial
Name of Patient/Student (please print)

gainful activity and the student can attend school. Substantial gainful activity has been defined as the ability to attend school, complete the program of study and secure employment to repay any new educational loans.

Signature of Attending Physician

Office Telephone Number

License Number

Date of Certification

Telephone Number (include area code)

Disclosure of Social Security numbers is voluntary and is used to identify your student account. Authority to solicit the Social Security number has been established under Section 355 of the Education Law of the State of New York.

L21a 25/26 (12/4/24)