



2026-27 Disability Discharge Statement

Middletown Campus
173 Skirmisher Lane | Middletown, VA 22645

Fauquier Campus
6480 College Street | Warrenton, VA 20187

Phone: 540-868-7130 | Fax: 540-868-7274

Email: finaid@laurelridge.edu

Please complete the information below so that the Office of Financial Aid can determine your eligibility.

A. Student Information

Student's Name (Last, First, M.I.)

Student ID - **REQUIRED**

B. Please complete the information below:

The National Student Loan Data System (NSLDS) indicates one or more of your federal student loans has been discharged due to total and permanent disability. Please provide a response to the item below.

For the **2026-27** aid year, I certify that:

- ☐ **DO NOT** intend on borrowing any additional federal student loans.
- ☐ **DO** intend on borrowing additional federal loans and have included a certification letter from a legally licensed physician.

C. Certification Letter Requirements *For students intending to borrow additional federal loans only.*

The letter must include that your condition has improved and that you have the ability to engage in substantial gainful activity, which includes:

- Capability of attending school and;
- Capability of completing a program of study and;
- Capability of securing employment in order to repay the new loan

Any new student loan, or TEACH grant service obligation, cannot later be discharged for any present impairment, unless the condition substantially deteriorates to the extent that the definition of total and permanent disability is met again. Please be advised that obtaining a new student loan may reactivate any previous loans that were discharged due to total and permanent disability. For additional information, visit the [Total and Permanent Disability Discharge website](#).

D. Certification and Signatures

Each person signing below certifies that all the information reported on this worksheet is complete, correct, and any additional information is attached. The student **MUST** sign and date this section.

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

Student's Signature

Date