

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

**BY MAIL TO:**

Office of Financial Aid and Scholarships  
University of Minnesota Duluth  
1049 University Drive  
Duluth MN 55812-3011

**IN PERSON ON CAMPUS TO:**

**One Stop Student Services**  
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit [studentprivacy.ed.gov](http://studentprivacy.ed.gov).

**No need to print this cover page.**

**STUDENT STATEMENT FOR REINSTATEMENT OF FEDERAL LOAN ELIGIBILITY**

**DIRECTIONS**— The National Student Loan Data System indicates that I have had federal student loans discharged (canceled/forgiven) due to total and permanent disability.

The U.S. Department of Education requires that my physician furnish the *Physician's certification of borrower's condition form* indicating that my condition has substantially improved to allow me to engage in substantial gainful activity (defined as attending school, successfully completing the program and securing employment to repay the new loan) and this form as prerequisites to borrowing additional federally regulated student loans.

By my signature below, I acknowledge and agree that any future federal student loans that I obtain under the Higher Education Act of 1965, as amended, cannot be canceled or forgiven on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

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**QUESTIONS?**

Phone: 218-726-8000  
TTY (hearing impaired): 800-627-3529  
Email: umdhelp@d.umn.edu

**Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.**

Student Information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail  @d.umn.edu	
Student signature		

Notary Public		
Before me (a notary public), _____ personally appeared, who acknowledged that he/she did sign the foregoing instrument and that the same is his/her free act and deed. In testimony whereof, I have hereunto affixed my name and official seal at		
City	County	State
this day of	Year	
Notary signature	(Seal)	
Expiration date		

To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.