

# Western Technical College

FINANCIAL AID

## **Borrower Acknowledgement Statement (Total/Permanent Disability Discharge)**

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First Name\_\_\_\_\_ Last Name\_\_\_\_\_

Western Student ID # \_\_\_\_\_

**Statement of Certification:** I acknowledge that I am aware that the new Federal Student Loan obligations that I obtain cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I certify that the information given on this form is true and complete.

Signature\_\_\_\_\_ Date\_\_\_\_\_

**\*\*I am also aware that before I can receive new FSA loans, I must obtain a physician's certification that I have the ability to engage in substantial gainful activity\*\***