

2026-2027 Borrower Acknowledgment Statement

Student ID Number _____ Date _____

Last Name _____ Legal First Name _____ M.I. _____

By signing this document, I acknowledge that any new Federal Student Direct Loans that I may qualify for cannot be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I am also aware that before I can receive any Federal Student Direct Loans, I must obtain a physician's certification which states that I have the ability to engage in substantial gainful activity.

Please sign this form with your legal name in black or blue ink. We cannot accept electronic signatures.

Student Signature _____ **Date** _____

(Required)

Parent Signature _____ **Date** _____

(Required for Dependent Students)

Warning: If you purposely give false or misleading information and/or fraudulently sign this form, you may be fined, sentenced to jail or both. In addition, you will forfeit institutional eligibility.