



2025-26 Loan Discharge Form

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged due to your total and permanent disability. Before you can receive additional federal student loans for the 2025-26 academic year, you must complete this form and return it to our office.

Last Name	First Name	UH ID/Username	Phone Number
Address	City	State	Zip Code
			Email Address

Please select only **ONE** option below:

I am **NOT** interested in applying for a student loan for the 2025-26 academic year at Leeward CC.

Student Signature: _____ Date: _____
Electronic signature or digital signature will NOT be accepted.

STOP: You do NOT have to complete the remainder of this form. Please return it to our office.

I am interested in applying for a student loan for the 2025-26 academic year at Leeward CC.

By signing below, I acknowledge that any federal student loans I receive hereafter cannot be discharged in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Student Signature: _____ Date: _____
Electronic signature or digital signature will NOT be accepted.

You must also complete and submit the following:

1. Obtain a signed physician’s certification on official letterhead that verifies your ability to engage in substantial gainful activity. For Title IV aid purposes, the phrase “substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. You only need to submit the physician’s certification ONCE to our office, therefore if you have submitted one for a prior year, you do not need to submit another one. You must attach your physician’s certification to this form. Please note that our office may contact your physician if we have any questions or concerns.
2. 2025-26 Loan Request Form: <https://www.leeward.hawaii.edu/typesofaid>

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