



Peirce College Loan Discharge Document

Student's Printed Name: _____ Date: _____

Student's Signature: _____ Date: _____

(Student's signature authorizes release of the following information.)

Dear Physician,

The student named above will be attending Peirce College and would like to receive federal student aid. Currently, the student has a disability discharge issue that needs to be resolved before the student can receive certain types of Title IV funding. The above named student is my patient and is capable of substantial gainful activity as described in the federal regulations:

"Substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Please note: This document, like all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Act of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

Physician's Name (print): _____ Specialty: _____

Physician's Signature: _____ Date: _____

Institution Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Return to: Student Financial Services
Submit your completed form using the Secure Document Upload Portal

<https://forms.peirce.edu/4725699>

Phone: 215.670.9600 Fax: 215.545.3671



Peirce College Loan Discharge Document Continued

Student's Printed Name: _____ Peirce ID#: _____

I, _____ am aware of the new federal loan or TEACH Grant, plus any loan or TEACH Grant that was conditionally discharged, cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, or at the time the borrower applied for a prior TPD discharge unless that impairment substantially deteriorates so that the borrow is once again totally and permanently disabled.

Additionally, I am aware that, per federal regulations, collection of loans in conditional discharge status will resume with completion of this certificate.

Student's Signature: _____ Date: _____

Return to: Student Financial Services
Submit your completed form using the Secure Document Upload Portal
<https://forms.peirce.edu/4725699>
Phone: 215.670.9600 Fax: 215.545.3671