Phone: 410-837-4763
Fax: 410-837-5493
E-Mail: financialaid@ubalt.edu

2023-2024 Borrower Acknowledgment Form

Name:_____ **UB ID:** _____

Permanent Address: _____

Email Address:_____ **Phone Number:** (_____) _____

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of permanent disability. To receive additional Federal Student Loans, this form must be completed and returned to the Office of Financial Aid.

Do you wish to be considered for Federal Title IV student loans?

- ◯ No, I only wish to be considered for the Federal Pell Grant
- ◯ Yes, I wish to be considered for the Federal Title IV student loans. Please initial each section below certifying**:**

  ____ I am aware that the new Federal Student Aid loan cannot later be discharged for any present impairment unless it deteriorates so that I am again permanently disabled.

Furthermore, please acknowledge and initial the following regarding collection activity will resume on any loans in a conditional discharge period.

____ If I am attempting to obtain new loans within the three-year conditional discharge period, I acknowledge that the suspension of collection activity on the conditionally discharged loan will be lifted.

____ In addition, the suspension of collection activity on the conditionally discharged loan must be lifted before I (the borrower) can receive the new loan. (This means that the loan is no longer conditionally discharged, and I am responsible for repaying it).

____ Unless my condition substantially deteriorates, the old loan cannot be discharged in the future for any impairment present when I began the conditional discharge or when I tried to get the new loan.

Please have your physician provide a signed and dated letter on your behalf addressing that you have the ability to engage in substantial gainful activity and are sufficiently physically recovered from your previous condition to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan you are seeking.

By signing this form, I certify that all the information reported on this form to qualify for federal student aid is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

_____ _____

Student Signature **Date**