



FLORIDA STATE UNIVERSITY
Office of Financial Aid

Name: _____

EMPLID: _____

Date: _____

2023–2024 LOAN DISABILITY DISCHARGE CERTIFICATION (FALDD)

Borrower Certification

I certify that I have had prior student loan(s) discharged due to Total and Permanent Disability. Furthermore, I understand that any **new** federal student loans I may borrow cannot be discharged due to my current disability, unless my condition significantly deteriorates, as verified by a State-licensed physician. I also acknowledge that in order to apply for new student loans, I must provide a State-licensed physician's statement to FSU Office of Financial Aid certifying my ability to obtain gainful employment in the future.

I am fully aware that if I have been granted a student loan discharge due to Conditional Total and Permanent Disability within the last three years, and I am currently in the "three-year conditional discharge period," borrowing additional student loans may void my prior discharge. I have attached a State licensed physician's note (on the physician's letterhead) certifying my ability to obtain gainful employment.

Doctor's Statement Must Be Attached

Your signature below certifies that all information on this form, and any attachments hereto, are true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid. **Signature is required.**

Student Signature (No Electronic Signatures)

Date