



SAN DIEGO
CITY COLLEGE

SAN DIEGO CITY FINANCIAL AID
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LOAN DISABILITY UPDATE FOR NEW STUDENT LOANS
(LDSCHG-#49)

I _____, (first, middle, last name) acknowledge that I have the ability to engage in substantial gainful activity based on medical physician's certification (i.e., **Physician's Certification of Borrower's Ability to Engaged in Substantial Gainful Activity**) attached with this form. I acknowledge that **any new loans that I borrow cannot be discharged** for any current impairment unless it deteriorates and I again become totally and permanently disabled.

Student Borrower's Signature

Date

Student ID _____

Financial Aid Staff Signature

Date