SAN DIEGO CITY COLLEGE
FINANCIAL AID
1313 Park Blvd. San Diego, CA 92101
619.388.3501 | 619.388.3241 [FAX]

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 Engage 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

The San Diego Community College District is committed to a safe and equitable learning environment for all students and employees. It does not discriminate on the basis of sex or gender in its educational programs and employment. Please refer to the SDCCD Board Policy 3410: NONDISCRIMINATION at the link below. For details and contact information:https://www.sdccd.edu/students/titleix/
SDCCD Board Policy 3410

Privacy Act Notice - The Privacy Act of 1974 (5 U.S.C. 552a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is found in 20 U.S.C. 1087 and 1087dd.

2. The principal purposes of this information are to verify the identity of the borrower; determine the present medical condition of the borrower; and in the event it is necessary, to locate the borrower's certifying physician. The social security number is used as a loan account number (identifier) in order to accurately record necessary information.

3. The routine uses of this information include its disclosure to federal, state or local agencies, to guarantee agencies, to educational and financial institutions and to agency contractors for the purpose of: Verifying the identity of the borrower and the borrower's physician; determining the borrower's present medical condition; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may cause a denial of the borrower's request for reaffirmation.

4. The information is necessary to process requests for loan reaffirmation.

5. Physician's signature is necessary to process requests for loan reaffirmation.

6. Medical License number is necessary to process requests for loan reaffirmation.

7. Date Physician signed is necessary to process requests for loan reaffirmation.