XDISAC

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Student ID # **Last Name** **First Name**

Continuation for Release of Permanent Disability
Borrower Acknowledgment

STUDENT STATEMENT

I acknowledge that any new federal loan(s) that I receive cannot be discharged in the future based on any present condition unless my condition substantially deteriorates so that I am again totally and permanently disabled.

_____ _____

Student Signature Date

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-6405 FAX 217-581-6422 EMAIL finaidverification@eiu.edu