

Disability Acknowledgement

I, _____ acknowledge and understand that the new Direct Loan for the 2018-2019 school year at Eastern Gateway Community College cannot be later discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled (as cited in DL: 685.213 of the FSA Handbook). This is stated in the Federal Regulation DL 685.213.

Also, I understand that before a Direct Loan will be originated for the 2018-2019 award year that I must provide a current Physician's certification that I have the ability to engage in **substantial gainful activity**.

Printed Name: _____

Signature: _____

Date: _____

Witness: _____

Date: _____