



**Alcorn**  
State University

## **Total and Permanent Disability Borrower's Acknowledgement**

Borrower's Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Last 4 of SS Number \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I previously received a FFELP (Federal Family Education Loan Program) and/or Federal Direct Loan cancellation based on total and permanent disability. I am now applying to receive a Federal Direct student loan. Pursuant to 34 C.F.R. §682.201 (a)(6)(ii), I acknowledge that the Direct loan for which I am applying cannot be discharged in the future on the basis of any impairment present when the new loan is made, even if I fail to complete my educational program, unless that impairment substantially deteriorates.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

### **Send this form to:**

Alcorn State University  
Office of Student Financial Aid  
1000 ASU Drive, 28  
Alcorn State, MS 39096-7500  
Fax: 601-877-6110  
Email: [asufinaid@alcorn.edu](mailto:asufinaid@alcorn.edu)

