



2021-2022 Borrower Acknowledgment Form

Student Name _____ **Student ID#** _____

I, _____ (print full name), acknowledge that I have the ability to engage in substantial gainful activity. I acknowledge that the new FSA loan/TEACH grant loan cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. If I request a new loan/TEACH Grant during the post discharge monitoring period, I must also resume payment on the old loan before receiving the new loan/TEACH grant. I certify that the information given on this form is true and complete.

Signature and Date

Note: By signing and dating this form, I confirm that all information above is accurate to my knowledge.

Signature _____ **Date** _____