



1 College Place  
Claremont, NH 03743  
Phone: 603.542.7744 800.837.0658  
Fax: 603.543.1844  
Website: [www.rivervalley.edu](http://www.rivervalley.edu)

Keene Academic Center  
Cheshire House, 67 Winchester Street  
Keene, NH 03431  
Phone: 603.357.2142

Lebanon Academic Center  
15 Hanover St, Lebanon, NH 03766  
Phone: 603.443.4200  
Fax: 603.443.6167

## 2022-2023 ACKNOWLEDGEMENT OF LOAN OBLIGATION

A Student Borrower whose prior loan was discharged due to a total and permanent disability who wishes to take out another Federal Student Aid (FSA) loan must:

**1. Provide Physician’s Certification**

Obtain a physician’s certification that the individual has the ability to engage in substantial gainful activity (the phrase “substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both);

**2. Sign Loan Obligation Acknowledgement**

By signing this form, I acknowledge that any new FSA loan obligation cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled;

**3. New Loan During Post-Discharge Monitoring Period**

By signing this form, I acknowledge if I request a new loan during the post-discharge monitoring period, I must also resume payment on the old loan before receipt of the new loan. If the loan on which I must resume payment was in **default** when it was discharged, it remains in **default** upon reinstatement, and I understand I must make satisfactory repayment arrangements before receiving the new loan, in addition to meeting the other requirements described. A borrower who received a Total Permanent Disability (TPD) discharge based on a determination from the VA that the individual is unemployable due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan. But he must still provide the physician’s certification and borrower acknowledgement described above.

By signing I/we certify that all of the information I/we provided is true and complete to the best of my/our knowledge. I/we agree, if asked, to provide information that will verify the accuracy of this completed form, and acknowledging all information above.

**STUDENT NAME:** \_\_\_\_\_ **ID:** \_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*(If Dependent Student)*