

Financial Aid Office | 25 University Avenue | Kershner Student Service Center West Chester, PA 19383 | 610-436-2627 | Fax: 610-436-2574 | finaid@wcupa.edu

2021-2022 Total and Permanent Disability (TPD) Discharge Reinstatement for FSA Loans

Student's Legal Name: WCU		WCU ID #:
Last 4	digits of your Social Security Number:	
Current Phone number:		
Current	Address:	
2.	I understand and acknowledge that by provided by agreeing to take out any new FSA loans not Discharge, I am liable to repay any new Ioans I understand and am aware that any new FSA	ding the above required Physicians Certification, by signing this form, and ot previously discharged under my prior Total and Permanent Disability
4.		nake sure that my three-year post-discharge monitoring period has ended!!!
****	**********	***************
		(and by signing below) I do not intend to follow steps 1 through 4 above onal federal student loans. Please consider me for any federal grants only.
	ning this certification, I certify that all the info	rmation reported is complete and correct, and that I understand, agree I understand I must complete this form annually.
X		Today's Date
Student Signature		

Failure to submit all documents requested will result in the delay or cancellation of any potential financial aid.

Warning: If you purposely give false or misleading information, you may be fined, sentenced to jail, or both.

RAF/raf 03/02/21