



LOAN DISCHARGE APPLICATION: SPOUSES AND PARENTS OF SEPTEMBER 11, 2001 VICTIMS

OMB No. 1845-0079
Form Approved
GSA FPMR (41 CFR) 101-11.6

Federal Family Education Loan Program / Federal Perkins Loan Program / William D. Ford Federal Direct Loan Program

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form, or on any accompanying documents will be subject to penalties with respect to the loan, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

SECTION 1: BORROWER INFORMATION

Please enter or correct the following information.

SSN [] [] [] - [] [] [] - [] [] [] []

Name

Address

[REDACTED]

ve provided the documentation specified in Section 9, item D, the eligible victim has completed Section 6, and a physician
d Section 7.

11, 2001. The
has complet

BORROWER UNDERSTANDINGS AND CERTIFICATIONS

SECTION 4: BORROWER UNDERSTANDINGS

[REDACTED]



Borrower Name: _____

Borrower SSN: [][]-[][]-[][][][]

SECTION 5: ELIGIBLE PUBLIC SERVANT OR OTHER ELIGIBLE VICTIM INFORMATION

Printed Name (last, first, middle initial) _____ Date of Birth (mm-dd-yyyy) _____ Social Security Number _____

SECTION 6: ELIGIBLE PUBLIC SERVANT/ELIGIBLE VICTIM UNDERSTANDINGS, AUTHORIZATION, AND CERTIFICATIONS

I understand that the borrower identified above and in Section 1 of this form is applying for a discharge of his or her eligible loans on the basis that I became permanently and totally disabled due to injuries suffered in the terrorist attacks on September 11, 2001.

I further understand that, except in the case of a consolidation loan for which the borrower and I are jointly responsible, a discharge of the borrower's loans based on my permanent and total disability does not discharge any of my loans. If I have other loans for which I am responsible and I have not already applied for or received a discharge of those loans based on my disability, I should contact my lender.

I authorize any physician, hospital, or other institution having records about the disability that is the basis for the borrower's request for discharge to contact me.

Physician's Signature _____ Date _____

Address _____

City, _____



