



**LOUISIANA TECH UNIVERSITY**  
**Office of Financial Aid**

**Borrower's Acknowledgement 2022-2023**

Please return this completed form to:  
Louisiana Tech University  
Office of Financial Aid  
PO Box 7925 Ruston, LA 71272

I previously received a FFELP (Federal Family Education Loan Program) or FSA (Federal Student Aid) loan cancellation based on a finding that I was totally and permanently disabled. I am now applying to receive a new FSA student loan.

Pursuant to 34 C.F.R. §682.201(a)(6)(ii), I acknowledge that the FSA loan for which I am applying cannot be discharged in the future based on 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 Last Name

First Name

MI

BORROWER'S SSN

BORROWER'S Mailing Address (include Apt. No.)

BORROWER'S Date of Birth (MM/DD/YYYY)

City

State

Zip Code

BORROWER'S Home Phone (Include area code)

BORROWER'S Email Address

BORROWER'S Cell Phone (Include area code)

**Borrower's Signature:**

**Date:**