

Louisiana Tech University

Office Financial Aid

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BORROWER'S ACKNOWLEDGEMENT

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 on the basis of 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 Signature

Date Signed

Name (printed)

Date of Birth

Address

City, State, Zip

Telephone

Social Security Number