Discharge Certification

Academic Year ___ - ___

Name: _____________________________
UTEP ID: __________________________

I, __________________________________________, acknowledge that any new federal loan or TEACH Grant, plus any loan or TEACH Grant that was conditionally discharged, cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, or at the time I applied for a prior Total and Permanent Disability discharge unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.

________________________________________
Student Signature

____________________________
Date

________________________________________
Notary Public