

2025-2026 LOAN DISCHARGE STATEMENT

Vame		Student ID	Email
SELEC	CT ONE OPTION:		
	h to be considered for federed for federal grants and r		g this form, I understand that I will only be
	t to be considered for fede		dent loans.
1.	y signing this form, I confin I have attached a primary employment.	· ·	ement of my ability to secure gainful
2.	I acknowledge that by requesting new federal student loan(s), my previously conditionally discharged loan(s) will be removed from their current conditional discharge status and the Department of Education will reinstate my obligation to repay the conditionally discharged loan(s).		
3.	I acknowledge that neither the previous conditionally discharged loan(s) nor the new loan(s) requested can be discharged in the future on the basis of any present impairment unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is again met.		
4.	I understand that I must complete Section B of the Loan Discharge Statement each time I reques to receive a new loan.		

Signatures must be hand drawn or acceptable electronic signatures (typed names in script fonts are not acceptable). Submit this form through the upload tool by clicking on the to-do list item in the MyReynolds SIS Student Services Center to-do list, fax to (804) 371-3739, or submit to the Financial Aid Office in person. More information can be found at https://www.reynolds.edu/pay for college/financial aid/forms/index.html