

SC Teachers Loan Programs Loan Discharge Application: Total and Permanent Disability

READ THIS FIRST: Pursuant to the regulations governing the SC Teachers Loan Program, Sub-Article C, Section 62-132 Repayment, Subsection C(2), this is an application for a total and permanent disability discharge of your SC Teachers Loan(s), SC Career Changers Loan(s) and/or the SC PACE Loan. To qualify for this discharge, a physician must certify in Section 3 of this form that you are unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

- Type or print in dark ink.
- Sign and date the form in Section 2. A representative may sign on your behalf if you are unable to do so because of your disability.
- Have a doctor of medicine or osteopathy complete and sign Section 3.
- Make sure all sections are complete. Incomplete or inaccurate applications may cause your application to be delayed or denied.

Section 1: Borrower Identification

Account Number: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone - Home: (_____) _____ Telephone - Other: (_____) _____

Section 2: Borrower Discharge Request

I request that SC Student Loan Corporation (SCSLC) discharge my loan(s) made under the SC Teachers Loan Program as indicated below.

- SC Teachers Loan SC Career Changers Loan SC PACE Loan

I authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for loan discharge to make information from these records available to the SCSLC.

I certify that I have a total and permanent disability, as defined below.

Signature of Borrower or Borrower's Representative

Date

Printed Name of Borrower's Representative (if applicable)

Relationship to Borrower

Address of Borrower's Representative (if applicable)

Section 3: Physician's Certification

Instructions for Physician: The borrower identified on the previous page is applying for discharge of his/her education loan(s) based on a total and permanent disability. You should complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a state (see Section 4), and if the borrower's condition meets the definition of total and permanent disability in Section 4. Provide all requested information and attach additional pages if necessary. Type or print in dark ink. Please return the completed form to the borrower or the borrower's representative. The SCSLC, as the holder of the borrower's loans, may contact you for additional information or documentation.

1. Diagnosis/explanation of the borrower's present medical condition (identify the borrower's condition and explain how it prevents the borrower from working and earning money in any capacity). Do not use abbreviations or insurance codes.

2. When did the borrower's medical condition begin? (MM-DD-YYYY) _____

3. Does this medical condition prevent the borrower from being able to work and earn money in any capacity?
 Yes No If yes, when did the borrower become unable to work and earn money in any capacity? (MM-DD-YYYY) _____

I certify that, in my best professional judgment, the borrower identified above is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. I understand that a borrower who is currently able or who is expected to be able to work and earn money, even on a limited basis, is not considered to have a total and permanent disability.

I am a doctor of (check one) Medicine Osteopathy
who is legally authorized to practice in the state of _____.

My professional license number is _____. (Subject to verification through state records.)

Physician Original Signature (signature stamp not acceptable)

Date Signed

Printed Name of Physician

Address, City, State and Zip

Telephone

Fax (optional)

Email address (optional)

Section 4: Definitions

If you have a **total and permanent disability**, this means that you are unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

The term "**state**" as used on this form includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of the Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

Section 5: Where to Send Completed Discharge Application

SC Student Loan Corporation
PO Box 21337
Columbia, SC 29221

If you need help completing this form, call:
Local: (803) 798-0916
Toll Free: (800) 347-2752

