

Application for Student Loan Debt Forgiveness Based on Disability

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Email Address]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request the forgiveness of my student loan debt due to my documented disability. My name is [Your Name], and my student loan account number is [Your Account Number]. I have been diagnosed with [Name of Disability] as confirmed by [Name of Medical Professional or Institution], which significantly impacts my ability to engage in gainful employment.

Given the nature of my condition, I am unable to meet the repayment obligations associated with my student loans. I have enclosed the necessary documentation, including my medical records and any relevant forms required for this application process.

I kindly request your consideration of my situation and approval for loan forgiveness under the applicable disability provisions. I appreciate your time and attention to this matter, and I look forward to your prompt response.

Thank you for your understanding.

Sincerely,

[Your Signature]

[Your Printed Name]