

**Dallas County Community Colleges**  
**Financial Aid Operations**

**AFFIRMATION OF LOAN REPOSIBILITY FOR DISABLED**  
**STUDENT BORROWERS**

Mail, fax or return this form to the [Financial Aid Office](#) at the college you plan to attend

**FAX NUMBERS:**

Brookhaven (972)860-4375      Cedar Valley (972)860-5230  
Eastfield (972)698-3094      El Centro (214)860-2637  
Mountain View (214)860-8843      North Lake (972)273-3240      Richland (972)238-3761

I affirm that the loan for which I am applying cannot be cancelled in the future based on my present impairment.

Name \_\_\_\_\_

SSN \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_