



Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

The Office of Financial Aid has received information from the National Student Loan Data System (NSLDS) indicating that you have one or more student loans that have been discharged due to **Total and Permanent Disability**. If you wish to be considered for federal loans, you will need to complete and return this form before financial aid eligibility can be determined. To view your current student loan history, please visit [www.studentaid.gov](http://www.studentaid.gov).

**Part I: STUDENT CERTIFICATION STATEMENT – To be completed by student**

I acknowledge that any additional loans I receive from the federal loan programs must be repaid and cannot be later discharged for any present impairment unless my condition substantially deteriorates to the extent that the definition of the total and permanent disability is met again (as determined by my physician). I understand that obtaining a new student loan may reactivate any previous loans that were discharged due to total and permanent disability. Additionally, I agree to reaffirm any previously discharged loans if I am still in the post-discharge monitoring period (3 years from the date of discharge). **I understand that I must complete this form each time I receive a new loan.**

**I also acknowledge that I must provide a signed certification from my physician that I have the ability to engage in substantial gainful activity.** I understand that I will only need to provide the physician's certification if this is the first time I am receiving a Federal Direct Loan following my Total and Permanent Disability discharge.

- A signed certification from my physician is below.
- I have previously submitted a signed certification from my physician.

**I certify that all the information reported on it is complete and correct.** Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.

<b>Student's Signature:</b>	<b>Date:</b>
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**Part II: PHYSICIAN CERTIFICATION STATEMENT – To be completed by licensed physician**

The above referenced borrower was previously classified as Total and Permanently Disabled and received a discharge of their student loans as a result of this classification. The borrower is now requesting additional Federal financial aid.

- I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity AND can attend school.
- In my professional medical judgment of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity or attend school.

<b>Physician's Signature:</b>	<b>Date:</b>
<b>Physician's Printed Name:</b>	
<b>Office Address (City/State/Zip):</b>	
<b>Physician Office Number:</b>	