

2026-27 TOTAL AND PERMANENT DISABILITY (TPD) DISCHARGE VERIFICATION FORM

Student Name: _____ Student ID #: _____

Records at the U.S. Department of Education indicate that you have had a federally funded educational loan which has received a final discharge due to total and permanent disability. Before we can process your application, we must determine if you are eligible to borrow a new educational loan. Please complete the appropriate section below.

COMPLETE IF YOU DO NOT INTEND TO PURSUE FEDERAL LOAN ELIGIBILITY

- No, I am not interested in receiving federal loans.
- I am not interested in receiving loans, but am interested in federal grants and/or federal work-study.

COMPLETE IF YOU DO INTEND TO PURSUE FEDERAL LOAN ELIGIBILITY

- Yes, I am interested in receiving federal loans and will submit my physician certification to verify my eligibility.
- Yes, I am interested in receiving federal loans and have a physician statement on file from the previous year.

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive **must be repaid in full** and **may not be discharged due to the same disability unless the disability deteriorates** as determined by my physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the Financial Aid Office, the U.S. Department of Education, or the holder of my loan(s).

Student Signature: _____ Date: _____

PHYSICIAN STATEMENT

Student's Name: _____ Student ID #: _____

A physician's certification is required to verify whether the above-named student is once again able to engage in substantial gainful activity — meaning they are medically able to attend school, successfully complete a program of study, and secure employment sufficient to repay new loans being requested.

COMPLETE IF CONFIRMING STUDENT'S GAINFUL ACTIVITY

I certify in my best professional judgment that the above-named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Warning: Previous student loan debts have been canceled due to total and permanent disability. Certification of this form enables the borrower to obtain additional student loans. Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Physician Signature: _____ Date: _____

COMPLETE IF CONDITION HAS NOT IMPROVED

I certify in my best professional judgment; the condition of the student has not improved enough to allow him or her to engage in substantial gainful activity.

Physician Signature: _____ Date: _____

PHYSICIAN CONTACT INFORMATION

Physician Name: _____

Address of Practice: _____

City, State, ZIP Code: _____

Office Phone Number: _____