

Total and Permanent Disability Loan Certification Form

Student Information:

_____ W00 _____ 20____/20____
Last Name First M.I. Student I.D. Academic Year

_____ _____ _____ _____ _____
Address City State Zip code Phone Number

According to the U.S. Department of Education, you have had one or more student loans discharged because of total and permanent disability. This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

COMPLETE IF YOU DO NOT INTEND TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

_____ No, I am not interested in receiving Federal Loans
_____ I am not interested in receiving loans, but am interested in grants and/or Federal Work Study.

Student Signature

Date

COMPLETE IF YOU WISH TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

_____ Yes, I am interested in receiving Federal loans and have a Physician Certification on file dated within one-year of today.
_____ Yes, I am interested in receiving Federal loans and will be submitting my Physician Certification to verify my eligibility.

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 cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by my physician.

I acknowledge that if my prior Total and Permanent Disability discharged loan is within the three-year provisional period allowed for disability cancellation, I am required to resume payment on that loan.

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 to the holder of my loan(s).

Student Signature

Date

DO NOT SUBMIT THIS FORM WITHOUT PHYSICIAN'S CERTIFICATION

You must attach a licensed physician's statement certifying both that you are no longer totally and permanently disabled and that you may now engage in "substantial gainful activity". The physician's statement must contain the language that appears in quotes above. The statement must be on professional letterhead and contain information on how to contact the physician. If the statement received is incomplete or unclear, we will ask you to submit further documentation.