



Eligibility Requirements to Receive Future Loans during TPD Discharge

A borrower, whose prior loan was discharged due to total and permanent disability, who wishes to take out another Federal Loan must review and complete this form.

If you do not wish to take out loans please check the box below, sign and return.

I **do not** wish to receive student loans, I am only interested in receiving the Pell grant.

1. Obtain a certification from a Physician stating that you have the ability to engage in substantial gainful activity.

*This generally means that you have sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan you are seeking.

2. By signing below, you acknowledge that neither the previous conditionally discharged loan(s) nor the new loan you receive can be discharged in the future on the basis of any injury or illness present when you applied for a total and permanent disability discharge or at the time the new loan is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled.

*Your financial aid will not be processed without the physician's certification to support your request for new federal loans.

Student's Signature

Date

Student Name

Student ID

Phone Number

Email



Physician Certification for Substantial Gainful Activity

Borrower Name: _____ Date: _____

Borrower Address: _____

Borrower Phone: _____ Borrower SSN: _____

I authorize the release of medical information on this form pertinent to my schools, lenders, guarantor, subsequent holder, the U.S. Department of Education, and their agents.

Borrower Signature: _____ Date: _____

Physician Certification

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge for their student loans as a result of that classification. The borrower is requesting more student loans from one of the federal educational loan programs. Please respond to the questions below as required by the U.S. Department of Education.

Is the borrower totally and permanently disabled? Y N

Is the borrower able to attend school? Y N

Is the borrower able to engage in gainful employment? Y N

Comments:

Physician Address and Phone: _____

Physician Name (Print): _____

Physician Signature/Date: _____