

You are currently in the process of applying for or have received a Total and Permanent Disability (TPD) discharge. If you are in the process of applying for a TPD discharge, receiving additional federal student loans may affect your eligibility for a TPD discharge. If you have already received a TPD discharge, you must meet additional eligibility requirements to receive further federal student loans. Please complete and provide the information requested below; this information must be confirmed before federal student loans can be awarded.

**Please print this document and complete it with a wet ink signature. The completed document can be submitted in person, through email, fax, or mail. Our contact information is at the bottom of the page.**

**Section A: Student Information**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Having requested and had conditionally discharged an obligation for repayment of previous Federal Family Education Loan Program loans (FFELP) or Federal Direct Loans due to permanent and total disability, I do affirm that any new loans for which I may apply and receive, cannot be cancelled in the future based on the previously claimed circumstances or impairment.

I have attached the following (required):

- A letter from my physician certifying that my disability does not prevent me from engaging in substantial gainful activity such as working or attending school.

**Section B: I will not be borrowing Federal Student Loans for 2026-2027**

- Please check this box if you do not plan on taking out federal student loans. You do not need to provide a letter from your physician if this box is checked.

**Section C: Student Certification Statement:**

I certify that all of the information on this form and accompanying documents are true and complete to the best of my knowledge. Furthermore, I affirm that I have not knowingly or intentionally provided any false or fraudulent documentation.

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**Signature****Date**