



## Office of Financial Assistance

### **Prior Total and Permanent Disability (TPD) Discharge Acknowledgment and Certification Form**

Federal regulations require additional documentation before a student who previously received a Total and Permanent Disability (TPD) discharge may receive a new William D. Ford Federal Direct Loan.

Under federal regulations, the student must:

- Obtain certification from a licensed physician stating the student is able to engage in substantial gainful activity; and
- Sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot later be discharged based on any present impairment unless that condition substantially deteriorates and again results in total and permanent disability.

This form is required when a prior TPD discharge is reported in the National Student Loan Data System (NSLDS).

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### **SECTION 1 — STUDENT INFORMATION**

**Student Name:** \_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Award Year:** \_\_\_\_\_

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### **SECTION 2 — PRIOR DISCHARGE INFORMATION**

My NSLDS record reflects a prior Total and Permanent Disability (TPD) discharge.

**Date of TPD Discharge (if known):** \_\_\_\_\_

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### **SECTION 3 — PHYSICIAN CERTIFICATION**

(To be completed by a licensed physician)



I certify that the above-named student is able to engage in substantial gainful activity.

**Physician Name:** \_\_\_\_\_

**Medical License Number:** \_\_\_\_\_

**State of Licensure:** \_\_\_\_\_

**Practice Address:** \_\_\_\_\_

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**Phone Number:** \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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#### **SECTION 4 — STUDENT ACKNOWLEDGMENT**

I acknowledge that:

1. I previously received a Total and Permanent Disability (TPD) discharge of a federal student loan.
  2. I am requesting eligibility for a new Direct Loan.
  3. I have provided certification from a physician that I am able to engage in substantial gainful activity.
  4. I understand that the new Direct Loan obligation cannot later be discharged based on any impairment present at the time this new loan is made unless that impairment substantially deteriorates so that I again become totally and permanently disabled.
  5. I understand that submission of this form does not guarantee eligibility for federal student aid and that the institution may require additional documentation as permitted under federal regulations.
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#### **SECTION 5 — STUDENT CERTIFICATION**

I certify that all information and documentation provided on this form are true and complete to the best of my knowledge.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_