

Total and Permanent Disability (TPD) Discharge Student Acknowledgement for Reinstatement of Federal Loan Eligibility
<https://studentaid.gov/manage-loans/forgiveness-cancellation/disability-discharge>

Name _____ Student ID _____ Aid year _____

The U.S. Department of Education has informed us that you have either: (1) indicated that you will apply for a Total and Permanent Disability (TPD) discharge, (2) applied for a TPD discharge, (3) or have received a TPD discharge. **If you receive a federal student loan or TEACH Grant, it may affect your eligibility for a discharge, or may cause your loan or grant obligation to be reinstated.**

Please answer the question(s) below and provide any documentation that may be needed to complete the processing of your financial aid.

I do **not** intend to borrow federal student loans and/or pursue a TEACH Grant.

I do intend to borrow federal student loans and/or pursue a TEACH Grant.

I will submit a Physician Certification to verify my eligibility (see below).

I have a Physician Certification on file from a prior year. Date

Physician's Certification statement submitted to ERAU _____

Part I Acknowledgement & Signature – Please initial

_____ I acknowledge that a new Title IV loan or TEACH Grant service obligation cannot be discharged in the future based on any impairment present unless that impairment substantially deteriorates, and I am once again totally and permanently disabled.

_____ If I request a new loan or TEACH Grant during the post-discharge monitoring period, I must also resume payment on the old loan before receipt of the new loan or TEACH grant. If the loan on which I must resume payment was in default when it was discharged, it remains in default upon reinstatement, and I must make satisfactory repayment arrangements before receiving the new loan, in addition to meeting the other requirements described.

A borrower who received a TPD discharge based on a determination from the VA that they are unemployable due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan. However, they must still provide the physician's certification and borrower acknowledgment described above.

Contact the TPD Servicer* for specific information on the status of your TPD application and guidance on the impact that receiving federal student loans or TEACH Grants may have on your TPD application. (*TPD Servicer: 888.303.7818 or Email: DisabilityInformation@Nelnet.net)

I certify that the information I have reported for federal student aid is complete and accurate. I understand that additional information may be required if this form is incomplete. Your signature certifies that you have understood the information provided above.

Student signature (required)

Date (mm/dd/yyyy)

If you are applying for student loans the **physician's certification should be turned in with this form** in order to be processed for financial aid. Completed forms can be **securely uploaded**, faxed, or mailed: Please include your Student ID on all documents and do not send any sensitive or confidential data (Social Security numbers, sensitive financial information including account numbers, etc.).

Part II Physician Certification Statement

The borrower identified in Part I of this form was previously classified as Total and Permanently Disabled and received a discharge of his/her student loans as a result of this classification. The borrower is now requesting additional financial aid from a federal education loan program.

You are being asked to complete, sign, and date this form to certify whether the borrower is able to engage in substantial gainful activity including the ability to work and earn money or attend school.

Please check one of the statements that best describes the borrower's current condition below:

I certify that in my professional medical judgment, the patient/borrower can engage in substantial gainful activity which includes:

1. Capability of attending school,
2. Completing a program of study, and
3. Securing employment in order to repay the new loan and attend school.

In my professional medical judgment of the patient/borrower, I cannot certify that he/she is able to engage in substantial gainful activity and attend school.

Physician's Name (please type/print)

State legally authorized to practice medicine

Address

City State Zip

Phone Number

Physician License Number

Physician Signature (M.D. or D.O.)

Date (mm/dd/yyyy)