

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 direct 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. **Note:** You will need to complete the acknowledgement for each loan type.

☐ I **DO NOT** request to borrow **NEW** federal direct student loans.

☐ I do request to borrow **NEW** federal direct student loans.

☐ I will submit a Physician Certification stating that you are once again able to engage in substantial gainful activity. (see below).

☐ I currently have a Physician Certification on file.

Date Physician's Certification statement submitted to ERAU \_\_\_\_\_

**Part I Acknowledgement & Signature – Please initial**

\_\_\_\_\_ I acknowledge that a New Federal Direct Student loan cannot get a TPD discharge based on a disabling condition I already have unless that condition significantly deteriorates in the future.

\_\_\_\_\_ If I am still in the post-discharge [monitoring period](#) when I get a New Federal Direct Student Loan, I will lose my discharge status and my discharged loan will be reinstated.

To find out about the status of your Total and Permanent Disability Discharge:

- Log in to check the [status of your TPD application](#).
- When logged into your [StudentAid.gov account](#), you can review information for your TPD discharge from your account Dashboard under "My Activity."

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

If you are applying for federal direct 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 New Loan Acknowledgment—Please initial & Signature**

Please review the list below and initial and check the appropriate box(es). You will need to check the box for ***EACH*** loan you intend to borrow (subsidized and unsubsidized).

**Daytona Beach/Prescott Students:**

\_\_\_\_\_ I do request to borrow NEW federal direct student loans for the following semesters:

- ☐ Fall/Spring 2025-2026 Direct Subsidized Loan
- ☐ Fall/Spring 2025-2026 Direct Unsubsidized Loan

\_\_\_\_\_ I do request to borrow NEW federal direct student loans for the following semesters (BBAY):

- ☐ Fall 2025 Direct Subsidized Loan
- ☐ Fall 2025 Direct Unsubsidized Loan
- ☐ Spring 2026 Direct Subsidized Loan
- ☐ Spring 2026 Direct Unsubsidized Loan

For Worldwide students, please select which track you have been assigned to and the appropriate loan. For any term outside of your track, such as April or May, please write in the Term and check the appropriate box(es).

**Worldwide Students:**

\_\_\_\_\_ I do request to borrow New federal direct student loans for the following Track term(s):

- ☐ Track 1 2025-2026 Direct Subsidized Loan
- ☐ Track 1 2025-2026 Direct Unsubsidized Loan
- ☐ Track 2 2025-2026 Direct Subsidized Loan
- ☐ Track 2 2025-2026 Direct Unsubsidized Loan

\_\_\_\_\_ I do request to borrow New federal direct student loans for the following term(s):

- ☐ \_\_\_\_\_ 2025 Direct Subsidized Loan
- ☐ \_\_\_\_\_ 2025 Direct Unsubsidized Loan
- ☐ \_\_\_\_\_ 2026 Direct Subsidized Loan
- ☐ \_\_\_\_\_ 2026 Direct Unsubsidized Loan

\_\_\_\_\_  
Student signature (required)

\_\_\_\_\_  
Date

### Part III 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