

This form should be used by students seeking to receive new federal student loans and/or TEACH Grants after one or more federal student loans and/or TEACH Grant service obligations were discharged.

Please complete this form in its entirety and return it to your schools Financial Aid Office with all required documentation.

SECTION 1 - STUDENT INFORMATION

This section is required for all students.

<i>Last Name</i>	<i>First Name</i>	<i>Student ID Number</i>
<i>Permanent Address</i> <small>(include residence and apt. no)</small>	<i>City/State/Zip</i>	<i>Date of Birth</i>
<i>Local Phone No.</i>	<i>Permanent Phone No.</i>	<i>Email Address</i>

SECTION 2 - DISCHARGE INFORMATION

This section is required for all students.

I have had one or more federal student loans and/or TEACH grants discharged due to a Total and Permanent Disability Discharge (TPD) based on:

Select one of the following:

- Total and Permanent Disability (TPD) discharge based on a qualifying disability determination from the Department of Veterans Affairs (VA). **Proceed to Page 2, Section 4**
- Total and Permanent Disability (TPD) discharge based on a qualifying disability determination from the Social Security Administration (SSA) or a certification from an authorized health professional. **Proceed to Section 3 Below**

Your federal student loan servicer can provide the information requested above.

SECTION 3 - REINSTATEMENT REVIEW AND ACKNOWLEDGMENT

This section is required for students who received a TPD discharge based on a qualifying disability determination from the Social Security Administration (SSA) or a certification from an authorized health professional. It is NOT required for students who received a TPD discharge based on a qualifying disability determination from the Department of Veterans Affairs (VA). **If your TPD discharge was based on a VA determination, proceed to Page 2, Section 4 without completing this section.**

Borrowers who receive a TPD discharge based on an SSA disability determination or a medical professional's certification are subject to a three-year post-discharge monitoring period. Previously discharged loan or TEACH Grant service obligation must be reinstated if you wish to receive a new federal student loan and/or TEACH grant before the three-year monitoring period has concluded.

The three-year post-discharge monitoring period ends three-years after the date that your Total and Permanent Disability (TPD) discharged federal student loan(s) and/or TEACH Grant(s) were discharged.

What date were your federal student loan(s) and/or TEACH Grant(s) discharged as a result of Total and Permanent Disability (TPD)? Your federal student loan servicer can provide this information.

Enter the TPD discharge date below:

____/____/____
(MM/DD/YYYY)

Proceed to Page 2

SECTION 4 – PHYSICIAN’S CERTIFICATION AND ACKNOWLEDGMENT

This section is required for all students.

All borrowers who have received a TPD discharge, regardless of how they qualified or when the TPD discharge was granted, must provide the following before receiving new federal student loans and/or TEACH Grants:

1. A certification from a physician (*who must be a Doctor of Medicine or Osteopathy licensed to practice in the U.S.*) that states they have the ability to engage in substantial gainful activity.

Select one of the following:

- I am submitting the required physician certification with this form.
 - I have already provided the required physician certification.
2. A signed statement acknowledging that the new loan or the TEACH Grant service obligation cannot later be discharged for any present impairment unless it deteriorates so that the individual is again totally and permanently disabled.

Complete, sign and date the required statement below:

I, _____, wish to receive new Direct Loans and/or
(First and Last Name - Please Print)
TEACH Grants after previously receiving a TPD discharge. I understand that new loan and/or TEACH Grant service obligations cannot later be discharged for any present impairment unless that impairment deteriorates so that I am again totally and permanently disabled.

Student Signature: _____ **Signature Date:** ____/____/____

Proceed to Section 5 Below

SECTION 5 – STUDENT CERTIFICATION AND ACKNOWLEDGMENT

This section is required for all students.

By signing this worksheet, I certify all the information reported is complete and correct:

Student Signature
(Sign)

Student First and Last Name
(Please Print)

Student Signature Date
(MM/DD/YYYY)

NOTE: Additional documentation beyond that submitted with this form may be required. Review your outstanding document requirements for additional information; contact the financial aid office at your school with questions.