

2024-2025 Total & Permanent Disability **Borrower's** Acknowledgement

Student Name: Student ID:	
The Office of Financial Aid has received information from the National Student Loan Data System (NSLI indicating that you have one or more student loans that have been discharged due to Total and Perma Disability . If you wish to be considered for federal loans, you will need to complete and return this for financial aid eligibility can be determined. To view your current student loan history, please visit www.studentaid.gov .	anent
Part I: STUDENT CERTIFICATION STATEMENT To be completed by student	
I acknowledge that any additional loans I receive from the federal loan programs must be repaid and be later discharged for any present impairment unless my condition substantially deteriorates to the that the definition of the total and permanent disability is met again (as determined by my physician) understand that obtaining a new student loan may reactivate any previous loans that were discharge to total and permanent disability. Additionally, I agree to reaffirm any previously discharged loans if I in the post-discharge monitoring period (3 years from the date of discharge). I understand that I must complete this form each time I receive a new loan.	extent I. I d due am still
I also acknowledge that I must provide a signed certification from my physician that I have the ability engage in substantial gainful activity. I understand that I will only need to provide the physician's certification if this is the first time I am receiving a Federal Direct Loan following my Total and Perman Disability discharge. A signed certification from my physician is below.	,
I have previously submitted a signed certification from my physician.	
I certify that all the information reported on it is complete and correct. Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.	
Date:	

Part II: PHYSICIAN CERTIFICATION STATEMENT To be completed by licensed physician

The above referenced borrower was previously classified as Total and Permanently Disabled and received a discharge of their student loans as a result of this classification. The borrower is now requesting additional Federal financial aid.

I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity <u>AND</u> can attend school.

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