

Disability Discharge Form

I, _____ acknowledge that the new Federal Student Aid
(PRINTED STUDENT NAME)

loan or the TEACH grant service obligation cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. If the request for a new loan or TEACH grant is during the post-discharged monitoring period or the conditional discharge 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 upon reinstatement, 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 on a determination from the VA that he or she is 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. But he or she must still provide the physician's certification and borrower acknowledgement described above.

I, _____ as the student's physician, certify that he or she
(PRINTED PHYSICIAN NAME)

has the ability to engage in substantial gainful activity that involves significant physical or mental activities or a combination of both.

*****Form must be acknowledged by student and physician (printed names) and signed by student, physician, and school official to be accepted. Form must also be completed and submitted for each new loan requested after the TPD discharge.*****

Student Signature: _____

Date: _____

Physician Signature: _____

Date: _____

School Official Signature: _____

Date: _____