

# 2025-2026 Borrower Acknowledgement Statement

## Total and Permanent Disability to Reestablish Loan Eligibility

Student Name: \_\_\_\_\_

Banner ID (required): \_\_\_\_\_

A student who has had a previous federal education loan discharged due to Total and Permanent Disability (TPD) may, under certain circumstances, borrow a new federal student loan. However, it may be necessary to resume repayment on the previously discharged loan.

This form serves to reestablish your eligibility for the Federal Student Loan Program when prior loans have been discharged due to total and permanent disability. **Completion of this form does not guarantee that you will qualify for a Federal Student Loan.**

### Borrower's Acknowledgement

By signing this document, I acknowledge that:

- ✓ Any new Federal Student Aid loans that I may qualify for cannot be discharged in the future for any present impairment unless it deteriorates so that I am again totally and permanently disabled.
- ✓ In addition, I have read and understand the information provided to me on this form.

Student Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_

The National Student Loan Data System (NSLDS) reported that you have one or more Federal Direct Student Loan(s) discharged due to a Total and Permanent Disability. This form serves to **reestablish** your eligibility for the Federal Student Loan Program when prior loans have been discharged due to total and permanent disability.

**Completion of this form does not guarantee that you will qualify for a Federal Student Loan.**

This form MUST be completed and requested documentation returned to the Office of Financial Aid before your financial aid eligibility can be determined.

### Eligibility Reinstatement for Federal Student Loan Programs After a Previous Total and Permanent Disability Discharge

☐ Yes, I am interested or have accepted a Federal Direct Student Loan and will have my physician complete the Physician Certification section of this form.

☐ I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans that I receive must be repaid in full. Also, they cannot be cancelled in the future on the basis of any impairment when the new loan is made unless that impairment substantially deteriorates, as determined by my physician.

☐ **CONSENT FOR RELEASE OF INFORMATION:** I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Office of Financial Aid, the U.S. Department of Education, or to the servicer of my loan(s).

### STUDENT SIGNATURE:

Student Printed Name: \_\_\_\_\_ Banner ID (required): \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN CERTIFICATION:**

The above referenced student, \_\_\_\_\_, was previously classified as totally and permanently disabled and as a result of this condition received a total and permanent disability discharge of his/her federal student loan indebtedness. The borrower is requesting or has received financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking or has received. Your completion of this section will fulfill this requirement.

**TO BE COMPLETED BY THE PHYSICIAN CONFIRMING STUDENT'S GAINFUL ACTIVITY**

☐ I certify in my best professional judgement that the above-named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

***WARNING: Please be aware that student loan debts have been cancelled due to Total and Permanent Disability.***

Certification of this form enables the borrower to obtain additional student loans. Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties, which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Physician Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (wet signature; no stamps): \_\_\_\_\_

Date permitted to return to substantial gainful activity: \_\_\_\_\_

**TO BE COMPLETED BY THE PHYSICIAN IF CONDITION HAS NOT IMPROVED**

☐ I certify that, in my best professional judgement, the condition of the student named above has not improved enough to allow them to engage in substantial gainful activity.

Physician Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (wet signature; no stamps): \_\_\_\_\_

**MEDICAL PROFESSIONAL CONTACT INFORMATION**

☐ I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with this application for federal aid, I may be subject to a fine of up to \$20,000, sent to prison, or both.

Physician Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Signature (wet signature; no stamps): \_\_\_\_\_ License #: \_\_\_\_\_

Medical Professional Phone Number: \_\_\_\_\_

Street Address of Practice: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

I am a (check one): ☐ MD ☐ DO ☐ Physician Assistant ☐ Nurse Practitioner ☐ Licensed Psychologist

This section to be completed by the Office of Financial Aid

Processed by: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Scanned to Element: \_\_\_\_\_