



Division of Student Affairs
Office of Financial Aid
Email: financialaiddocs@famuedu

Telephone: (850) 599-3730
Fax: (850) 561-2730

2022-2023 Total & Permanent Disability (TPD) Discharge Eligibility Form

This form serves to reestablish your eligibility for Federal Loan and/or TEACH Grant Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for future Direct Federal Student Loans and/or Federal TEACH Grants.

Student Acknowledgement Section:

I, the borrower, _____, 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 I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by a 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 Florida Agricultural and Mechanical University, U.S. Department of Education, or the holder of my loan(s).

Student Signature: _____ **Date:** _____



Division of Student Affairs
Office of Financial Aid
Email: financialaiddocs@famuedu

Telephone: (850) 599-3730
Fax: (850) 561-2730

2022-2023 Total & Permanent Disability (TPD) Discharge Eligibility Form

Physician Section: *Your completion of this section will fulfill this requirement.*

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the federal education loan programs. The U.S. Department of Education requires that a physician certify the following: place a

_____ 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 schools
_____ successfully completing program of study

Provide name of specific program of study: _____
_____ and securing employment in order to repay the loan he/she is seeking.

A statement that your condition has improved and you have the ability to engage in “substantial gainful activity” 2. A reference to your specific program of study, and 3. Confirmation of your ability to secure employment in that field of study in order to repay the new loan

Physician Signature: _____ **Date:** _____

Physician Name (Print): _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____