



Division of Student Affairs
Office of Financial Aid
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2024-2025 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:** _____