Florida Agricultural and Mechanical University
TALLAHASSEE, FLORIDA 32307-3100

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID
TELEPHONE: (850) 599-3730
FAX: (850)561-2730
EMAIL: FINANCIALAIDDOCS@FAMU.EDU

2026-2027 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:

_____ that a borrower is once again able to engage in substantial gainful activity

_____ that a borrower will not be able to engage in substantial gainful activity

_____ the person is sufficiently recovered to be capable of attending schools

_____successfully completing program of study

Provide the name of the 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". A reference to your specific program of study, and confirmation of your ability to secure employment in that field of study in order to repay the new loan.

Physician's Signature: _____Date: _____

Physician's Name (Print): _____

Phone Number: _____

Full Address: _____