



Borrower Acknowledgement Statement Total and Permanent Disability Discharge

Student Name: _____

SBU ID: _____

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 although it may be necessary to resume repayment on the previously discharged loan. For more details, please see the reverse side of this form.

This form establishes your eligibility for the Federal Student Loan Program when prior loans have been discharged due to total and permanent disability. Completing this form does not guarantee you will qualify for a Federal Student Loan Program.

Borrower’s Acknowledgement Statement

By signing this document, I acknowledge that any new Federal Student 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. I am also aware that before I can receive any Federal Student Loans, I must obtain a physician’s certification stating that I have the ability to engage in “substantial gainful activity.”

If a defaulted loan was discharged and then reaffirmed or was conditionally discharged and payment resumed on it, I understand that I must make satisfactory repayment arrangements before I receive a new loan and/or grant funds.

In addition, I have read and understand the information provided on the back of this form.

Student’s Signature: _____

Date: _____

Note: The student must sign a new acknowledgment for the school each time he/she receives a new loan after a disability discharge. The physician’s certification is required only once before the student may borrow new federal student loans after a disability discharge. The school will maintain this certification in the student’s file.



Criteria for Disability Discharge and Borrowing Again After Disability Discharge As outlined by the U.S. Department of Education

A Total and Permanent Disability (TPD) means that you are unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; can be expected to last for a continuous period of at least 60 months; or has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

If a borrower whose prior loan was discharged due to a total and permanent disability wishes to borrow another federal student loan, he/she must obtain a physician's certification that he/she has the ability to engage in substantial gainful activity, and must sign a borrower statement acknowledging that the new loan cannot later be discharged for any present impairment unless it deteriorates so that he/she is again totally and permanently disabled.

The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. If a physician's certification does not appear to support this status, the school should contact the physician for clarification.

Borrowers whose previous federal student loans were discharged are monitored by the U. S. Department of Education (ED) for three years. If the borrower fails to meet certain eligibility requirements throughout the monitoring period, ED reinstates the borrower's obligation to repay the discharged loan/s. If the loan/s on which repayment obligation is reinstated was in default status at the time of discharge, it remains in default upon reinstatement, and the student must make satisfactory repayment arrangements before receiving the new loan.



Physician Certification

Student Name: _____

Student ID: _____

A student is only required to complete the Physician Certification once. If you have already submitted a Physician Certification to The Office of Financial Aid & Scholarship Services, you do not need to complete the following section unless requested upon further review by our office.

Physician Name: _____

Address of Practice: _____

City, State, Zip Code: _____

Office Phone Number: _____

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 and/or TEACH Grant obligations. The borrower is now requesting financial aid from one of the federal education loan programs. In order for the student to be considered for a new loan(s), the U.S. Department of Education requires a physician certification to be completed. Totally and Permanently Disabled, is the condition of an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; or has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

COMPLETE THE APPLICABLE SECTION BELOW

Complete If You Can Confirm Student’s Gainful Activity:

The phrase “substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. I certify in my best professional judgment that the above named borrower is able to engage in substantial gainful activity as defined by the U.S. Department of Education. **Warning-** *Previous 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 may be subject to fine or imprisonment under section 1001 of the United States criminal code.*

Physician Signature: _____ Date Complete: _____

Complete If Condition Has Not Improved:

I certify that, in my best professional judgment, the condition of the student named above has not improved enough to allow him or her to engage in substantial gainful activity.

Physician Signature: _____ Date Complete: _____