Financial Aid & Scholarships

TPD Discharge, Physician Certification and Acknowledgement

Student Last Name	Student First Name	Campus Identification Number (CIN)

You have previously received a discharge on a student loan balance or TEACH grant service obligation due to total and permanent disability. To borrow again through the Federal Loan program or receive a TEACH grant, your medical physician (MD or DO) must complete this certification form.

Please read this form in its entirety and request that your physician complete all fields. Submit your completed form to Financial Aid and Scholarships to prevent a delay in the processing of your financial aid.

PHYSICIAN CERTIFICATION

The above-named individual was certified to be totally and permanently disabled. Under Title IV, of the Higher Education Act of 1965, as amended, total and permanent disability is defined as "the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death."

In order for the student to regain Title IV aid eligibility, the student must have the ability to engage in substantial gainful activity. Substantial gainful activity is defined as the ability to undertake "a level of work performed for pay that involves doing significant physical or mental activities or a combination of both."

When did the student become medically able to attend school or seek gainful employment?

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I hereby certify that the above referenced patient's condition is now such that they are able to engage in substantial gainful activity, to work and earn money or attend school. I understand that the patient may sign a statement that any new Federal William D. Ford Federal Direct Loan (Direct Loan) Program loan and/or Federal TEACH Grant they receive cannot be discharged in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

Physician Name	**Physician Signature**	**Date**

Street Address	**City**	**State**	**Zip**

Certification/License Number	**Date License Issued**