



# 2024-2025 Total and Permanent Disability (TPD) Discharge Clearance Form

## Student Information

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**Last Name**

**First Name**

**Student ID Number**

This form is to reestablish your eligibility for Federal Student Aid (FSA) loans. The National Student Loan Data System (NSLDS) reported that you have one or more Federal Direct Student Loan(s) discharged due to a Total and Permanent Disability. To be considered, complete the Borrower Acknowledgement and Physician's Certification Clearance.

## Borrower Acknowledgement

I acknowledge I previously had Federal Student Aid loans discharged due to total and permanent disability\*. I further acknowledge that any new FSA loan(s) cannot be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

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**Student Signature**

**Date**

## Physician's Certification

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of their federal student loan indebtedness. 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 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, and securing employment in order to repay the loan they are seeking. Your completion of this section will fulfill this requirement.

I certify that the above-named student is able to engage in substantial gainful activity as defined by the U.S. Department of education.

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**Physician's Signature**

**Date**

**Physician's License #**

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**Physician's Last Name**

**Physician's First Name**

**Physician's Phone #**

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**Address**

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**City**

**State**

**Zip Code**

\**Total and permanent disability* 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 to be unemployable due to a service-connected disability.

\*\**Substantial gainful activity* means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both