



**FINANCIAL AID, VETERAN SERVICES, AND SCHOLARSHIPS
2023-2024 TOTAL AND PERMANENT DISABILITY STATEMENT
(NEW STUDENTS)**

This form must be completed every academic year.

Your Free Application for Federal Student Aid (FAFSA) has indicated that you have received **Total and Permanent Disability (TPD)** discharge, you have applied for TPD discharge, or you will be applying for TPD Discharge. If a student receives a Title IV loan or TEACH Grant, it may affect the student's eligibility for discharge or may cause the student's loan or grant obligation to be reinstated. If the student has already received a TPD discharge, there are additional student eligibility criteria that the student must meet before receiving additional Title IV loans or TEACH Grants. Please carefully read the information below.

- If you have applied for or are in the process of applying for a TPD discharge, but the application has neither been approved nor rejected, any disbursements of a Title IV loan or TEACH Grant that are made may cause your application for TPD discharge to be suspended until the disbursement is returned or may cause your TPD application to be rejected. Please contact your TPD Servicer specifically for more information on how this will impact your ability to receive Title IV loan or TEACH Grant funding.
- If you have received a TPD discharge, you are not eligible to receive further Title IV loans or TEACH Grants unless you provide:
 1. A signed 2023-2024 Total and Permanent Disability Physician Statement form, by your physician, certifying that you are able to engage in substantial gainful activity.
 2. A signed 2023-2024 Total and Permanent Disability Student Acknowledgement Statement form, by the student, acknowledging that the new Title IV loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so you are once again totally and permanently disabled. (Please see below.)

This requirement applies to all students who received a TPD discharge, regardless of whether they were subject to a post discharge monitoring period (see below) or whether they have completed their post-discharge monitoring period (if any).

If you have been granted a TPD discharge and the discharge was granted on the basis of a physician's certification or documentation from the Social Security Administration, the student is subject to a post-discharge monitoring period that starts on the date that the Department granted the discharge. During this period, the receipt of a new Title IV loan or TEACH Grant or a subsequent disbursement of a Title IV loan or TEACH Grant that was initially received prior to the date that the Department granted discharge may cause the

student's obligation to repay the Title IV loan or fulfill the TEACH Grant service obligation to be reinstated. Note that if you received a TPD discharge on the basis of documentation from the Veterans Administration (VA), that it is not subject to a post discharge monitoring period.

Contact the TPD Servicer for specific information on the status of your TPD discharge. You may contact the Department's TPD Servicer, from 8:00 a.m. -8:00 p.m. (ET), Monday through Sunday, using the information below:

Nelnet, U.S. Department of Education
P.O Box 87130
Lincoln, Nebraska 68501-7130
Phone: 1-888-303-7818
Email: disabilityinformation@nelnet.net

IMPORTANT NOTE: Per federal regulations, a borrower acknowledgment form must be collected from a student each time he/she receives a new loan. This means that this document may be requested several times during an academic year.

STUDENT ACKNOWLEDGEMENT

I, _____(print name):

- 1. Previously had a student loan(s) canceled due to total and permanent disability. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan or TEACH Grant I am now applying for and may receive, and any subsequent student loan(s) unless my physician certifies the impairment has substantially deteriorated to the point of total and permanent disability.
- 2. Understand that any new Title IV loan funding or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.
- 3. Have provided a physician’s certification that I am not longer considered totally and permanently and that my impairment has improved sufficiently to allow me to engage in substantial gainful activity.

Student ID: _____ Signature: _____*

Phone Number: _____ Date: _____

NOTARY’S CERTIFICATION OF ACKNOWLEDGEMENT

STATE OF _____

COUNTY OF _____

On _____, before me _____ personally
(Date) (Notary name)

appeared _____ and proved to me on the basis of
(Printed name of signer)

satisfactory evidence of identification _____
(Type of unexpired government-issued photo ID provided)

to be the above-named person who signed the foregoing instrument.

WITNESS my hand and official seal _____

(Notary Signature)

(S E A L)

My Commission expires on

(Date)

*If form is signed in the Financial Aid Office, notarization is not required.

PHYSICIAN CERTIFICATION

A. STUDENT INFORMATION

Student Name: _____ Student ID: _____

Address: _____ Phone: _____

Email: _____ @ students.pensacolastate.edu

B. PHYSICIAN CERTIFICATION

I certify the impairment of patient (whose information is listed under Section A) has improved sufficiently to allow the borrower/patient to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to work and earn money.

The patient/borrower regained the ability to engage in substantially gainful activity as of:

MONTH/ DATE / YEAR

I am a doctor of (check one): ___ Medicine / ___ Osteopathy / ___ Other: _____

Physician's Name: _____

MD License #: _____

Physician's Signature: _____

Office Address: _____

Office Phone: _____