Total and Permanent Disability (TPD) Discharge Physician’s Statement/Student Acknowledgment Statement Form

2014-2015 Academic Year

Office of Student Financial Assistance
P.O. Box 141608 Anchorage, AK 99514
www.uaa.alaska.edu/financialaid (907) 786-1480 Fax: (907) 786-6122
financial.aid@uaa.alaska.edu

The purpose of this form is to comply with the requirement for students who have been granted a Total and Permanent Disability discharge of Federal Student loans or TEACH Grant Service obligations by the U.S. Department of Education who wish to return to school and use federal aid.

STUDENT INFORMATION:

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<tr>
<th>Last Name</th>
<th>First Name</th>
<th>MI</th>
<th>UA Student ID</th>
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<tr>
<th>Mailing Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<tr>
<th>UAA Email Address</th>
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ELIGIBILITY FOR NEW LOANS OR TEACH GRANT:

If the Department grants a TPD discharge of your federal student loans or TEACH Grant service obligation, you will not be eligible to receive a new Direct Loan, Perkins Loan, or TEACH Grant in the future unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity and return to school; and
- You sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless your condition substantially deteriorates so that you are again totally and permanently disabled.

In addition, if you request a new Direct Loan, Perkins Loan, or TEACH Grant during the 3-year post-discharge monitoring period described earlier, you must resume repayment on the previously discharged loans or acknowledge that you are once again subject to the terms of your TEACH Grant service obligation before you can receive the new loan or TEACH Grant.

For further information or for questions regarding the 3-year post-discharge monitoring period please contact DisabilityInformation@Nelnet.net or call 1-888-303-7818 to determine the impact your decision to return to school and originate new federal loans or the TEACH grant will have on your approved discharge.

PHYSICIAN’S CERTIFICATION: please provide certification with your name, practice title, contact information and seal or attach your statement on official letterhead

STUDENT ACKNOWLEDGMENT STATEMENT: By signing this document I hereby acknowledge and agree to the terms established by the U.S. Department of Education with regard to TPD discharge of federal loans and TEACH grant service obligations listed on this document.

SIGNATURE: ____________________________ Date ____________________