



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

Office of Financial Aid 3211 Providence Drive UC 105 Anchorage, AK 99508
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.

I. STUDENT INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	UA Student ID#
_____			_____
UAA Email Address			Phone Number

II. 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.

III. PHYSICIAN'S CERTIFICATION

Please attach a statement from your physician on official letterhead with his/her name, practice title, contact information and seal.

IV. 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.

Student Signature: _____ Date: ____/____/____