2024-2025
Certification for Renewed Direct Loan Eligibility

Student ID Number: _____ Email: _____

Student's
Full Legal Name: _____
(**Please print clearly**) **Last** **First** **Middle**

Re-establishing Federal Loan Eligibility after Total and Permanent Disability Determination

If you have been granted a Total and Permanent Disability (TPD) discharge of your federal student loans or TEACH Grant service obligation, you will not be eligible to receive a new Direct 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 (on Page 2); 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 are approved for TPD discharge based on Social Security Administration documentation or a physician's certification, and you request a new Direct Loan or TEACH Grant during your 3-year post-discharge monitoring period*, 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.

*A borrower who received a TPD discharge based on a determination from Veterans Affairs that he or she is unemployable due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan. Student must still provide physician's certification (on back of this form) and complete student acknowledgement section.

Student Acknowledgement – Request for Federal Loans

I am requesting a new Federal Direct Loan and/or a Federal TEACH Grant for the 2024-2025 academic year. I understand that any federal student loan(s) I accept after my previous disability loan discharge cannot be discharged under the same disability unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is again met. I acknowledge that collection activity will resume on any loan that was conditionally discharged in the last three years* and that the loan cannot be discharged, unless the impairment substantially deteriorates. I understand that I may be eligible for an in-school deferment.

If I purposely give false or misleading information, I may receive a fine, a prison sentence, or both. By signing this form, I certify that all information is complete and correct.

Student's Signature _____ **Date** _____
No electronic or typed signatures

****Physician's Certification is on Page 2.**

Physician Certification Section (MUST BE COMPLETED AND SIGNED BY A PHYSICIAN). Please type or print.

Patient's Name: _____ Date of Birth: _____

I, (print doctor's name) _____, am a licensed physician and have been treating the above-named student for the disability referenced in the student's statement. I attest that the student's condition has improved to the extent that the student has the ability to engage in substantial gainful activity such as attending school on a full or part-time basis or gainful employment.

Physician's Signature (no stamps) _____

Certified on this _____ day of (month) _____, (year) _____

Physician's Name (type or print): _____

Street Address: _____

City, State, Zip: _____

Phone Number: (_____) _____