Anoka Tech	Anoka-Ramsey Community College		
Financial Aid Office	Financial Aid Office	OR	Financial Aid Office
1355 West HWY 10	300 Spirit Dr. S		11200 Mississippi BLVD NW
Anoka, MN 55303	Cambridge, MN 55008		Coon Rapids, MN 55433
finaid@anokatech.edu	financialaid@anokaramsey.edu		
Phone: 763-576-7730	Phone: 763-433-1500		
Fax: 763-576-7721	Fax: 763-433-1501		

2024-2025 Disability Discharge

This student was previously classified as totally and permanently disabled and as a result of this condition received a TPD discharge for their federal student loan(s) and/or TEACH Grant service obligation. This student is now requesting a federal student loan and/or TEACH Grant. The U.S. Department of Education requires a physician to certify that a student is able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loans/grants they are seeking.

A. Student Information

_____ _____

Last Name First Name MI Student ID

B. Physician Section

Physician Name: _____

Confirmation of student's gainful activity:

☐ I certify in my best professional judgment that the student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Warning-Previous student loan debts have been canceled due to total and permanent disability. Certification of this form enables the borrower to obtain additional student loan(s). Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Confirmation that condition has not improved:

☐ I certify in my best professional judgment, the condition of the student has not improved enough to allow them to engage in substantial gainful activity. *An inked signature by the physician is required.*

Physician Signature_____ Phone_____

Office number_____Clinic/Hospital_____

☐ My physician is not required to complete because confirmation was previously submitted

C. Student Section

I _____, confirm that my condition has improved and that I have the ability to engage in substantial gainful activity. I understand that the new FSA loan or the TEACH grant service obligation can't later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. **A wet signature or a signature using a stylus is required.**

_____ _____

Student Date

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both.