SHENANDOAH UNIVERSITY
Financial Aid

Total and Permanent Disability (TPD) Discharge Request for New Federal Loan Eligibility

Please read and review this form in its entirety before completing it.

Shenandoah University has been notified that you previously had your Federal Student Loans discharged due to a permanent and total disability. You are required to submit ***both*** of the forms listed below to the Office of Financial Aid before you are able to take out additional Federal Student Loans.

- **Borrower Acknowledgement Form** – You have a signed statement affirming that any new Federal Student Loans or the TEACH Grant service obligation, cannot later be discharged for any present impairment unless it deteriorates and you are determined to again qualify for total and permanent disability.
- **Physician Certification Form** – You must have certification from a doctor of medicine or osteopathy licensed to practice in the United States, attesting that your condition has improved since you were approved for TPD, that you now have the ability to engage in substantial gainful activity, and that you are able to attend college.

Privacy Act Notice

The Privacy Act of 1974 (522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is 20 U.S.C. 1087, 42 U.S.C. 209 4k, and 22 U.S.C. 2601.
2. The principal purpose of this information is to verify the borrower's identity, determine whether the borrower can engage in substantial gainful activity, and, in the event it is necessary, locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) to record necessary and relevant information accurately.
3. This information is used for disclosure to federal, state, and local agencies, guaranty agencies, educational and financial institutions, and agency collectors for the purpose of:
    a. Verifying the identity of the borrower and borrower's physician.
    b. Determining that the borrower is able to engage in substantial gainful activity.
    c. Investigation of possible fraud; and
    d. Verifying compliance with program regulations.
4. Failure to provide the requested information may result in the denial of the borrower's new Federal Student Loan request.
5. This information is necessary to process requests for new Federal Direct Loans.

Borrower Acknowledgements:

- I previously received one or more Federal Student Loan(s) and/or TEACH Grant(s), which were cancelled due to my total and permanent disability. I acknowledge that I now have the ability to work and earn money, and I have requested (through a physician) to certify that my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity.
- I acknowledge that I am now applying for one or more new Federal Student Loans. I understand that any new Federal Student Loan(s) obligations that I receive, now or in the future, cannot be canceled due to any impairment(s) which are present at the time that I apply for and receive the Federal Student Loan(s), unless my physician certifies the impairment(s) has substantially deteriorated after I received the new Federal Student Loan(s) to the point that I am once again totally and permanently disabled.
- I understand that total and permanent disability, for purposes of discharging a Federal Student Loan and/or TEACH Grant, is defined as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.
- I understand that by providing false or misleading information to the Office of Financial Aid can result in the loss of financial aid, fines, jail time, or all three.

_____	_____
Borrower's Full Legal Name	Student ID Number
_____	_____
Borrower's Signature and Date Signed	Borrower SSN

SHENANDOAH UNIVERSITY
Financial Aid

Physician Certification Form for after Federal Loan Discharge

Student Name: _____ Student ID Number: _____

If you have previously been granted a Total and Permanent Disability (TPD) Discharge, you are not eligible to receive a new Federal Direct Loan unless you have completed both the Borrower Acknowledgement Form and the Physician Certification Form.

Student Consent for release of information

I authorize any physician, hospital or other institution having records pertaining to the disability for which I had loan(s) and/or the TEACH Grant cancelled to make information from such records available to Shenandoah University's Office of Financial Aid, U.S. Department of Education, and/or the holder of my federal loan(s).

_____
Student Signature and Date Signed

Physician Instructions and Certification

Definition of Total and Permanent Disability: ***To be totally and permanently disabled the borrower must be unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.***

This definition calls for a judgment decision as to the borrower's ability to earn income despite their disability. The physician is to assess the impact of the borrower's disability on the ability to earn income in considering what the borrower would normally be able to earn if not disabled. If the disability appears to have a significant adverse effect on the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period, then the borrower shall be considered permanently disabled under this definition.

If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV (federal) student aid.

Privacy Act Notice: The authority for collecting the information requested on this form is 20 U.S.C. 1087, 42 U.S.C. 209 4k, and 22 U.S.C. 2601. The principal purpose of this information is to verify the borrower's identity, determine whether the borrower can engage in substantial gainful activity, and, in the event it is necessary, locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) to record necessary and relevant information accurately. This information is used for disclosure to federal, state, and local agencies, guaranty agencies, educational and financial institutions, and agency collectors for the purpose of a) Verifying the identity of the borrower and borrower's physician, b) Determining that the borrower is able to engage in substantial gainful activity, c) Investigation of possible fraud; and d) Verifying compliance with program regulations. Failure to provide the requested information may result in the denial of the borrower's new Federal Student Loan request. This information is necessary to process requests for new Federal Direct Loans.

I certify that in my professional medical judgment, that the patient/borrower named above: (please select one)

- ☐ IS able to engage in substantial gainful activity and attend postsecondary education.
  - **Date borrower became able to work and earn wages (MM/DD/YYYY): _____**
- ☐ IS ***NOT*** able to engage in substantial gainful activity and attend postsecondary education.

_____ _____
Physician's Name License Number & State

_____ _____
Physician's Signature and Date Signed Doctor of Medicine or Osteopathy?

_____
_____
_____ _____
Practice Name and Address Practice Telephone Number