2022-2023
Total Permanent Disability Loan Discharge Certification

According to the U.S. Department of Education, you have had one or more student loans discharged because of total and permanent disability (TPD), or are in the process of applying for such a discharge. This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability.

Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

If you have applied for, or are in the process of applying for, a TPD discharge, but the application has neither been approved nor rejected, any disbursements of a Federal student loan that are made may cause your application for TPD discharge to be suspended until the disbursement is returned, or may cause your TPD application to be rejected. You must contact the TPD Servicer (Nelnet 1-888-303-7818) for specific information on the status of your TPD application and guidance on the impact that receiving Federal student loans may have on your TPD application.

STUDENT NAME (Print) __________________________ SID# __________________________

CHECK ONE OF THE FOLLOWING

☐ I do not want to be considered for federal student loan funds.
   INSTRUCTIONS
   Sign this form and return it to the Financial Aid Office. You will be considered for other types of aid, if you are eligible. You do not need to complete page 2 of this form.

☐ I want to be considered for federal student loan funds. A copy of my loan discharge notification is attached (or I have submitted a copy previously).
   INSTRUCTIONS
   Sign this form and return it with the completed borrower statement found on page 2, and any additional documentation requested.

STUDENT’S SIGNATURE __________________________ DATE _____________
BORROWER STATEMENT

STUDENT NAME (Print) ___________________________________   SID# __________________

• I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan (FFEL) Program, Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant Service Program.

• By my signature below, I acknowledge that I have the ability to engage in substantial gainful activity*. And, I clearly understand that any additional federal student loans I receive must be repaid in full and cannot be cancelled in the future based on any present impairment when the new loan is made unless that impairment deteriorates so that I am again totally and permanently disabled as determined by my physician.

• I also understand that if I borrow a new federal student loan during a post-discharge monitoring period, I must also resume payment on the old loan before receipt of the new loan.

CHECK ONE

☐ I have already submitted a Physician Statement

INSTRUCTIONS

You do not need to submit a Physician’s Statement again as long as you are continuously enrolled in the same program. Consult the Financial Aid Office in other situations.

☐ I have not previously submitted a Physician Statement

The Physician Statement below must be completed by a doctor of medicine (M.D.) or doctor of osteopathy/osteopathic medicine (D.O.). Return completed statement to the Financial Aid Office.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the University of Wisconsin-Superior, the U.S. Department of Education, or to the holder of my loan(s).

STUDENT’S SIGNATURE_____________________________________     DATE_______________

PHYSICIAN STATEMENT

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge of their student loans as a result of this classification. The borrower is requesting additional financial aid from the Federal Direct Stafford Loan Program. Please respond to the following question as required by the U.S. Department of Education. The signed Borrower Statement authorizes you to release this information.

In your best professional judgement, is the borrower now able to engage in substantial gainful activity*?

☐ Yes  ☐ No

Physician’s Name: ____________________________________________

Office Address: ______________________________________________

City: ______________________ State: ______ Zip: ______ Phone: ______________________

Physician Signature (M.D. or D.O.) ____________________________     Date

*The phrase “substantial gainful activity” generally describes a situation in which a borrower is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.