
Total and Permanent Disability – Student/Physician Statements

Your Free Application for Federal Student Aid (FAFSA) has indicated that you are currently in the process of applying for or have received a Total and Permanent Disability (TPD) discharge. If you are in the process of applying for a TPD discharge, receiving additional Direct Loans or TEACH Grant (federal student aid) may affect your eligibility for a TPD discharge. If you have already received a TPD discharge, you must meet additional eligibility requirements to receive further Direct Loans or TEACH Grant. Depending on when you received a TPD discharge, receiving additional federal student aid may affect your ability to keep your discharge.

You will not receive your federal student aid until this process is complete.

- 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 federal student aid 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. Please contact your TPD Servicer specifically for more information on how this will impact your ability to receive federal student aid.
- If you have received a TPD discharge, to receive further federal student aid, you must provide:
 - Signed student statement (Section A)
 - Physician statement certifying that you can engage in substantial gainful activity*. The physician can complete Section B or provide a statement on office letterhead.

*This generally means that you have sufficiently physically recovered and can attend school, successfully completing a program of study, and securing employment in order to repay the federal student aid you are seeking.

This requirement applies to all students who received a TPD discharge, regardless of whether they were subject to a post discharge monitoring period (see below) or whether they have completed their post-discharge monitoring period (if any).

If you have been granted a TPD discharge and the discharge was granted based on a physician's certification or documentation from the Social Security Administration, the student is subject to a post-discharge monitoring period that starts on the date that the Department granted the discharge. During this period, the receipt of a new federal student aid or a subsequent disbursement that was initially received prior to the date that the Department of Education (ED) granted a discharge, may cause the student's obligation to repay Direct Loans or the TEACH Grant service obligation to be reinstated. Note that if you received a TPD discharge because of documentation from the Veterans Administration (VA), that it is not subject to a post discharge monitoring period.

Contact the TPD Servicer for specific information on the status of your TPD discharge. You may contact the Department of Education's TPD Servicer, from 8:00 a.m. -8:00 p.m. (ET), Monday through Sunday, using the information below:

Nelnet, U.S. Department of Education
P.O Box 87130
Lincoln Nebraska 68501-7130
Phone: 888-303-7818
Email: disabilityinformation@nelnet.net

FRAUD NOTICE

Should our review of your financial aid application reveal you may have engaged in fraud or other criminal misconduct regarding your application, we are required to report information to the Office of the Inspector General of the U.S. Department of Education for investigation. Examples of such information include (but are not limited to) false claims, use of false identities, and forgery of signatures or certificates.



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Section A: Student Details and Acknowledgement

Last Name

First Name

HU ID Number

Email Address

Contact Number

I certify that I, _____, am the individual signing this acknowledgement, that any new federal student aid service obligation cannot be discharged in the future because of any impairment present when the new disbursement is made, unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.

Student's Signature

Date

Section B: Physician's Certification

Physician's Name

Email (Optional)

Office Address

Contact Number

I certify the impairment of patient (whose information is listed under Section A) has improved sufficiently to allow the borrower/patient to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to work and earn money.

Physician's Signature

Date