



## Loan Discharge/Disability Verification

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**Please review both sides of this form.**

The U.S. Department of Education's records indicate that you have one or more student loans and/or TEACH grants discharged due to Total and Permanent Disability (TPD). If you are within the 3 year post discharge monitoring period or conditional discharge period, your ability to obtain a new student loan may be limited and will require the submission of several pieces of documentation before we can determine your eligibility for federal loan funds.

Please review and check one of the following:

- I do not want to be considered for federal student loan funds. Please sign below and return this form to the Financial Aid Office.
- I do want to be considered for federal student loan funds. I have completed this form and attached the following required documentation:
  - The Physician's Certification on page 2 is signed by a qualified physician stating that I have the ability to engage in substantial gainful employment.
  - Letter from the U.S. Department of Education or authorized loan servicer confirming that my loans were discharged due to Total and Permanent Disability (TPD) AND which indicates if I am currently in a post discharge or conditional discharge monitoring period and the beginning and ending dates of that period.
  - The Borrower Statement (top section) on page 2 is signed and states that I understand that any new student loans after my TPD discharge cannot be discharged for any present impairment.

By signing this form, I certify that the information included on this form is true and I am willing to provide additional documentation if requested.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date



# Assumption University

Office of Financial Aid

Office of Financial Aid  
500 Salisbury Street  
Worcester, MA 01609  
Email: [fa@assumption.edu](mailto:fa@assumption.edu)  
Phone: (508) 767-7158  
Fax: (508) 519-1286

## BORROWER STATEMENT

- I acknowledge in writing by signing this form that the new loan cannot be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanently disabled.
- If any prior loan and/or TEACH grant was conditionally discharged on or after July 1, 2011 and the three-year period has not yet elapsed, or discharged after July 1, 2011 and I am in a post discharge monitoring period and the three year period has not yet elapsed, I understand that collection must resume on the old loan and/or TEACH grant prior to my receiving the new loan.
- If a defaulted loan was discharged and then reaffirmed or was conditionally discharged and payment resumed on it, I understand that I must make satisfactory repayment arrangements before I receive a new loan and/or grant funds.
- I authorize the release of pertinent information to my schools, lenders, guarantor, subsequent holder, the U.S. Department of Education, and their agents.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## PHYSICIAN STATEMENT

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge of their student loans and/or TEACH grant 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.

Is the borrower \*totally and permanently disabled and therefore, unable to engage in substantial gainful employment?

Yes       No

Please explain: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ License #: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature (MD or DO)

\_\_\_\_\_  
Date

**Please return this form to Assumption University Office of Financial Aid when complete.**

\*Totally and Permanently Disabled is the condition of an individual who:

- is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months OR
- has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

\*The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically 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.