

# TPD Loan Discharge

(CC115 - FXXDCH)

## SECTION A - TO BE COMPLETED BY STUDENT:

|  |                                |  |                                  |                                   |                                     |
|--|--------------------------------|--|----------------------------------|-----------------------------------|-------------------------------------|
| STUDENT LAST NAME:                         | FIRST:                         | MI:                                      | STUDENT ID #:                    |                                   |                                     |
| PHONE:                                     | E-MAIL:                        |  |                                  |                                   |                                     |
| <input type="checkbox"/> ARIZONA ASSURANCE | <input type="checkbox"/> GATES | <input type="checkbox"/> NATIVE AMERICAN | <input type="checkbox"/> NURSING | <input type="checkbox"/> PHARMACY | <input type="checkbox"/> GRAD ELLER |

Complete this form if you wish to pursue a new Federal Direct Loan, Federal Perkins loan, or TEACH Grant AND you have received a Total and Permanent Disability (TPD) discharge for student loans and/or TEACH Grants.

### Enter your initials to certify the statements below:

I want to be considered for federal student loan funds.

I have read and understand the Borrower Statement below and I understand that a new Borrower Statement must be submitted each year.

The Physician's Certification (SECTION B) on page two has been completed by a qualified physician.

-OR-

I have a Physician's certification on file with the University of Arizona (UA).

## BORROWER STATEMENT

- By signing this form, I acknowledge that any new federal loans and/or TEACH grants funds I receive cannot be discharged on the basis of any present impairment unless the condition substantially deteriorates and I am again totally and permanently disabled as determined by my physician.
- 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 \_\_\_\_\_



**SCHOLARSHIPS  
& FINANCIAL AID**

Administration Building · Room 208  
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|                    |        |               |
|--------------------|--------|---------------|
| STUDENT LAST NAME: | FIRST: | STUDENT ID #: |
|--------------------|--------|---------------|

A borrower is only required to complete the Physician Certification once. If you have already submitted a Physician Certification to the University of Arizona, you do not need to complete the following section unless requested upon further review by our office.

## SECTION B – TO BE COMPLETED BY PHYSICIAN

### Physician Certification

Please Type or Print the Following:

Physician Name: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Office Phone Number: \_\_\_\_\_

The above referenced student was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness and/or TEACH Grant obligations. The borrower is now requesting financial aid from one of the federal education loan programs. In order for the student to be considered for a new loan(s), the U.S. Department of Education requires a physician certification to be completed. 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.

### COMPLETE THE APPLICABLE SECTION BELOW

#### Complete If You Can Confirm Student's Gainful Activity:

The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. I certify in my best professional judgment that the above named 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 cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional student loans. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under section 1001 of the United States criminal code.**

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Complete If Condition Has Not Improved:

I certify that, in my best professional judgment, the condition of the student named above has not improved enough to allow him or her to engage in substantial gainful activity.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_



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