



University Financial Aid and Scholarship Services

TPD Discharge Affirmation Form

Student: _____ Aggie ID: _____
LAST FIRST MI

Email: _____ Phone: _____ Semester/Year: _____

Because you have previously had federal student loans discharged due to a total and permanent disability, you are not eligible for further federal loans. In some cases, however, it is possible your eligibility could be reinstated. You must complete this form and return it to your primary campus' financial aid office before we can continue processing your aid.

Please read the following two options, select your choice, and complete the corresponding section.

Requesting Other Types of Aid

Check this box if you do not wish to be considered for Federal Direct Loans or the TEACH Grant, but you would like to be considered for other types of aid. Please proceed to signing the document. You do not need to complete the second page of this form.

You must read and sign the following statement:

By signing this section of the form, you understand and certify that you are interested in other types of aid, but do not want to be considered for Federal Direct Loans or the Teach Grant.

Student Signature: _____ Date: _____

Requesting Loan Consideration

Check this box if you do want to be considered for a Federal Direct Loan or TEACH Grant. If you have checked this box, please have your physician complete the attached Loan Discharge Physician Statement (see second page), and submit all forms to your primary campus' financial aid office.

You must read and sign the following statement:

By signing this section of the form, I am agreeing that any federal student loans borrowed during this academic year and TEACH Grant service obligations will not be canceled in the future based on my present impairment unless my condition substantially deteriorates. This includes any Federal Direct Loans (subsidized or unsubsidized) and TEACH Grant obligations. In addition, if my loan was conditionally discharged and my three-year period has not yet elapsed, I understand that collection will resume on the old loans and TEACH Grant obligations. The required physician's statement on the second page of this form has also been completed. I authorize the NMSU Financial Aid Office, if needed, to contact my physician to clarify or request additional information.

Student Signature: _____ Date: _____

Please return this form to the Financial Aid Office at your primary campus.



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TPD Discharge Physician Statement

Student Name

Aggie ID

According to the National Student Loan Database System (NSLDS), one or more of this student's prior federal loans have been discharged due to a total and permanent disability. This discharge means that the borrower may not be considered for further federal student loans unless eligibility is re-established. Eligibility can be re-established by submitting a statement from a legally licensed physician stating that the borrower is no longer totally and permanently disabled. The borrower must also acknowledge that he or she will repay future loans.

PHYSICIAN STATEMENT

The above referenced student was previously classified as totally and permanently disabled and received a discharge of his or her federal loans or TEACH Grant obligation as result of the classification. The student is now requesting additional federal loans or a TEACH Grant. In order for the student to be eligible to receive additional federal loans or TEACH Grant, the student must be able to engage in substantial and gainful activity. The phrase "substantial gainful activity" means a level or work performed for pay that involves doing significant physical or mental activities or a combination of both. Please respond to the following question as required by the U.S. Department of Education:

Is the above referenced student able to engage in substantial and gainful activity? Yes No

IF YES - I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. I understand that I may be contacted by the NMSU Financial Aid Office for clarification of this student's status.

Physician's Full Name Specialty

Office Address

Phone Number Email

Physician Signature Date

IF NO - I certify that my patient, the student identified above, has a disability condition that has not improved, and in my professional opinion, is unable to engage in substantial and gainful activity.

Physician Signature Date

Physician may provide any additional comments below.

Empty box for additional comments