Disability Discharge Agreement Form

Aid Year

This student was previously classified as totally and permanently disabled and as a result of this condition received a TPD discharge for their federal student loan(s) and/or TEACH Grant service obligation. This student is now requesting a federal student loan and/or TEACH Grant. The U.S. Department of Education requires a physician to certify that a student is able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loans/grants they are seeking.

Student Information

Name: _____ Student ID: _____

E-Mail Address: _____ @my.metrostate.edu

Physician Section (**This section must be completed by a Physician**)

Physician Name: _____

Confirmation of student's gainful activity:

☐ I certify in my best professional judgment that the 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 canceled due to total and permanent disability. Certification of this form enables the borrower to obtain additional student loan(s). Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

Confirmation that condition has not improved:

☐ I certify in my best professional judgment; the condition of the student has not improved enough to allow them to engage in substantial gainful activity. *An inked signature by the physician is required.*

Physician Signature_____ Phone_____

Clinic/Hospital_____ Date _____

If it has been 0-3 years since I was granted a disability discharge. I acknowledge that before I receive a new federal student loan, my obligation to pay the discharged loan(s) will be reinstated. I am providing documentation to the Financial Aid Office that shows I have reinstated these loans with my loan servicer.

I certify information is true and accurate. If I provide false information I may be fined and/or jailed.

Student Signature X _____ **Date** _____

Please return to:
Attn: Financial Aid Office
Metropolitan State University
700 East Seventh Street
Saint Paul, MN 55106-5000

Phone: 651-793-1300
Fax: 651-793-1532

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