

**2026-2027 Total and Permanent Disability Statement**

STUDENT NAME: \_\_\_\_\_ SUNY ORANGE ID#: \_\_\_\_\_

Your Free Application for Federal Student Aid (FAFSA) has indicated that you have received **Total and Permanent Disability (TPD)** discharge, you have applied for TPD discharge, or you will be applying for TPD Discharge. If a student receives a Title IV loan or TEACH Grant, it may affect the student's eligibility for discharge or may cause the student's loan or grant obligation to be reinstated. If the student has already received a TPD discharge, there are additional student eligibility criteria that the student must meet before receiving additional Title IV loans or TEACH Grants. Please carefully read the information below.

- 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 a Title IV loan or TEACH Grant 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 Title IV loan or TEACH Grant funding.
- If you have received a TPD discharge, you are not eligible to receive further Title IV loans or TEACH Grants unless you provide:
  1. A signed 2026-2027 Total and Permanent Disability Physician Statement form, by your physician, certifying that you are able to engage in substantial gainful activity.
  2. A signed 2026-2027 Total and Permanent Disability Student Acknowledgment Statement form, by the student, acknowledging that the new Title IV loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so you are once again totally and permanently disabled. (Please see below.)

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 on the basis of 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 Title IV loan or TEACH Grant or a subsequent disbursement of a Title IV loan or TEACH Grant that was initially received prior to the date that the Department granted discharge may cause the student's obligation to repay the Title IV loan or fulfill the TEACH Grant service obligation to be reinstated. Note that if you received a TPD discharge on the basis 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's TPD Servicer, from 8:00 a.m. -8:00 p.m. (ET), Monday through Sunday, using the information below:

**U.S. Department of Education – TPD Servicing**  
**P.O Box 87130 Lincoln**  
**Nebraska 68501-7130**  
**Phone: 1-888-303-7818**  
**Email: [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)**

- Instructions:**
- 1) If you are pursuing a new Federal Direct Loan, please complete Forms 1 and 2**
  - 2) If you are NOT pursuing a new Federal Direct Loan, please complete Form 3**

**2026-2027 Total and Permanent Disability Physician Statement**

**A. Student Information**

STUDENT NAME: \_\_\_\_\_ SUNY ORANGE ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

**B. Physician Certification (CHECK ONLY ONE)**

\_\_\_\_\_ I cannot certify that the above name person is able to engage in substantial activity.

\_\_\_\_\_ 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 a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

The patient/borrower regained the ability to engage in substantially gainful activity as of:

**MONTH/ DATE / YEAR**

I am a doctor of (check one): \_\_\_\_\_ Medicine \_\_\_\_\_ Osteopathy

(Please note: By Directive of the US. Department of Education, the necessary certification must be provided by a physician who is a Doctor of Medicine (DM) or a Doctor of Osteopathy (DO and who is legally authorize to practice in a state.

Physicians Name: \_\_\_\_\_ MD License #: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_ State of License: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**\*\*Information Notes per Federal Student Aid Handbook Volume 1, Chapter 3\*\***

- 1. If a physician's certification does not appear to support the status, the school should contact the physician for clarification.**
- 2. 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**



**2026-2027 Total and Permanent Disability Student Acknowledgment Statement**

**A. Student Information**

STUDENT NAME: \_\_\_\_\_ SUNY ORANGE ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reminder: Per federal regulations a borrower acknowledgment form must be collected from a student each time he/she receives a new loan. This means that this document may be requested several times during an academic year.**

**\*Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)\***

**B. Student Acknowledgement (Please read and initial)**

\_\_\_\_\_ I acknowledge I previously had a student loan(s) canceled due to total and permanent disability\*. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan or TEACH Grant I am now applying for and may receive, and any subsequent student loan(s) unless my physician certifies the impairment has substantially deteriorated to the point of total and permanent disability\*

\_\_\_\_\_ By signing this form, I acknowledged that any federal direct loans or TEACH Grant I receive hereafter cannot be discharged in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met

**Please Read Carefully:** *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by SUNY Orange County Community College. If I have any questions or concerns, I will contact SUNY Orange County Community College Financial Aid Office immediately. Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.*

Student Signature: (original): \_\_\_\_\_(required)

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)**

**2026-2027 Total and Permanent Disability Student Acknowledgement Statement**

**C. Student Information**

STUDENT NAME: \_\_\_\_\_ SUNY ORANGE ID #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ Phone: \_\_\_\_\_

**ONLY COMPLETE AND SUBMIT THIS FORM IF YOU ARE NOT PURSUING A NEW FEDERAL DIRECT LOAN DISBURSEMENT AFTER YOU HAVE RECEIVED A TOTAL AND PERMANENT DISABILITY DISCHARGE**

**Reminder: Per federal regulations a borrower acknowledgment form must be collected from a student each time he/she receives a new loan. This means that this document may be requested several times during an academic year.**

**\*Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)\***

**D. Student Acknowledgement (Please read and initial)**

\_\_\_\_\_ I acknowledge I previously had a student loan(s) canceled due to total and permanent disability\*.

\_\_\_\_\_ I acknowledge that **I AM NOT** pursuing any further Federal Direct Loans for the current academic year and I cannot be offered any Federal Loans for the current academic year unless I submit required documentation.

\_\_\_\_\_ I acknowledge that I may have to submit the either this form or the TD&P Certification (Forms 1 & 2) every year in order to pursue or not pursue Direct Loan eligibility.

**Please Read Carefully:** *By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this worksheet it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by SUNY Orange County Community College. If I have any questions or concerns, I will contact SUNY Orange County Community College Financial Aid Office immediately. Your documentation must contain an original signature. We cannot accept forms containing e-signatures, typed signatures, or e-pen.*

Student Signature: (original): \_\_\_\_\_(required)

Student Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)**