



EDGEWOOD COLLEGE FINANCIAL AID

(P) 608-663-4300 | (F) 608-663-3495 | ecentral@edgewood.edu | 1000 Edgewood College Dr., Madison, WI 53711

TOTAL & PERMANENT DISABILITY (TPD) DISCHARGE ELIGIBILITY FORM

The National Student Loan Database system (NSLDS) indicates that you have one or more student loans discharged because of a total or permanent disability. Before you can receive additional federal student loans or federal aid, these forms must be completed by you and your physician. All three pages need to be returned to our office for processing.

STUDENT INFORMATION

Student Name _____ Edgewood ID # _____

I DO NOT WANT TO BORROW FEDERAL STUDENT LOANS.

I do not want to borrow federal student loans.

Student Signature

Date

STOP! IF YOU CHOSE THIS OPTION, DO NOT CONTINUE.

I WANT TO BORROW FEDERAL STUDENT LOANS.

I do want to borrow federal student loans and will move forward with having my Physician fill out the Physician Instruction and Certification portion.

STUDENT ACKNOWLEDGEMENT: I, the borrower, _____, acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Direct Loan Program, or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full and cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates as determined by a physician.

CONSENT FOR RELEASE OF INFORMATION: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the Edgewood College Office of Financial Aid, U.S. Department of Education, or the holder of my loan(s).

Student Signature

Date



PHYSICIAN INSTRUCTIONS AND CERTIFICATION

The above referenced borrower 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. As stated in the Student Section above, the borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again 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 loan they are seeking. Your completion of this section will fulfill this requirement.

Check only one that applies to the above-mentioned student:

- I certify in my best professional judgement that the above-named student **IS NOT** able to engage in substantial gainful activity as defined by the U.S. Department of Education.

- I certify in my best professional judgement that the above-named student **IS** able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature: _____ Date: _____

Physician's license number: _____

I am legally authorized to practice in the state of: _____

Please Type or Print the Following:

Physician Name: _____

Address of Practice: _____

Office Phone Number: _____



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ADDITIONAL INFORMATION

General Information

This form is used to obtain a physician's certification and borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Loan Program: Direct Loans, PLUS Loans for Parents.

Definition of Total and Permanent Disability

If you have a total and permanent disability, this means that: (1) you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, or that has lasted for a continuous period of not less than 60 months, or that can be expected to last for a continuous period of not less than 60 months; OR (2) you are a veteran who has been determined by the VA to be unemployable due to a service-connected disability. Except for certain VA or SSA determinations as explained elsewhere on this form, a disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) and/or TEACH Grant service obligation due to a total and permanent disability.

Please return this form to:

Edgewood Central; 1000 Edgewood College Drive, Madison, WI 53711

Fax: 608-663-3495

Scan/Email: ecentral@edgewood.edu

If you have any questions, please contact us at ecentral@edgewood.edu or at 608-663-4300.