

## **Permanent Disability Discharge Certification**

Student Information	
Name	ID#
Qualifying for a Total Permanent Disabi	lity Discharge
borrower/obligation holder becomes totally permanent disability (TPD) discharge based of	rell as TEACH Grant service obligations may qualify to be discharged if the and permanently disabled. Except for veterans who qualify for a total and on a determination by the Department of Veterans Affairs (VA) that they are sability. The Department of Education monitors the status of borrowers who ear period.
Taking Out Another Loan	
loan, you must obtain a physician's certificat gainful activity", and you must sign a borrow discharged for any present impairment unle	ed due to a total and permanent disability wishes to take out another FSA tion that specifically states "you have the ability to engage in substantial wer statement acknowledging that the new FSA loan can't later be ss it deteriorates so that he/she is again totally and permanently disabled. Fication once; the Financial Aid Office will keep a copy of it in your file. But, alignment each time you receive a new loan)
the old loan before receipt of the new loan. when it was discharged, it remains in defaul	the post-discharge monitoring period, they must also resume payment on If the loan on which the borrower must resume payment was in default tupon reinstatement, and the student must make satisfactory repayment in, in addition to meeting the other requirements described.
service-connected disability is not subject to	ased on a determination from the VA that he is unemployable due to a a monitoring period and is not required to resume payment on the a new loan. But he must still provide the physician's certification and se.
Certification and Signature	
I HAVE READ AND UNDERSTAND THE INFOR	MATION PRESENTED TO ME ABOVE.
I understand that if I take out another Direct impairment unless it deteriorates so that I a	t Student Loan this new loan cannot later be discharged for any present m again totally and permanently disabled.
I am providing a physician Certification t	that I have the ability to engage in substantial gainful activity.
I have already provided a physician Cert	ification that I have the ability to engage in substantial gainful activity.

Financial Aid Office: Student Center Room 304 Mail: PO Box 310 Port Arthur, TX 77641 Fax: 409-984-6025 FinancialAid@lamarpa.edu

Student's Signature \_\_\_\_\_ Date \_\_\_\_