

This form serves to reestablish your eligibility for Federal Loan and/or TEACH Grant Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for future Direct Federal Student Loans and/or Federal TEACH Grants.

Student Acknowledgement Section: Please Print.

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 based on 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 previously received cancellation of my loan(s) to make information from such records available to Florida International University, U.S. Department of Education, or the holder of my loan(s).

Student Signature: _____

Date: _____

Physician Section: Must be completed if this is the first time the student is submitting this form. If this form has been submitted in a prior academic year, this section is not required. (form must be completed by a Doctor of Medicine or osteopathy licensed to practice in the U.S.)

The above referenced borrower was previously classified as totally and permanently disabled and because 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 schools, successfully completing program of study, and securing employment to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

I certify in my best professional judgment that the above-named student is able to engage in substantial gainful activity as defied by the U.S. Department of Education.

Physician Signature: _____

Date: _____

Physician Name (Print): _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

SUBMISSION INSTRUCTIONS

- 1) Login to your my.fiu.edu account
- 2) Click on the Student Tools tile
- 3) Click on the Document Upload tile
- 4) Select Financial Aid, aid year, Discharge Total & Permanent Disability Discharge Eligibility Form from the drop-down menu
- 5) Attach and Submit