Office of Financial Aid & Scholarships
Eligibility Certification Form

Student Name (Last name, First name)	
A-State ID number	Cell phone number

This form is for students with a Federal Family Education Loan, Federal Direct Student Loan, or TEACH Grant service obligations that were discharged for reasons of total and permanent disability. To receive a new Direct Loan or TEACH Grant in the future, the student must:

1. Obtain a certification from a physician that they are able to engage in substantial gainful activity; and
2. Sign a statement acknowledging that the new loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any injury or illness present at the time the new loan or TEACH Grant is made, unless their condition substantially deteriorates so that they are again totally and permanently disabled.

In addition, if approved for TPD discharge based on SSA documentation or a physician's certification, and a request for a new Direct Loan or TEACH Grant is made during the 3-year post-discharge monitoring period, the student must resume repayment on the previously discharged loans or acknowledge that they are once again subject to the terms of their TEACH Grant service obligation before they can receive the new loan or TEACH Grant. For more information regarding loans and Total and Permanent Disability Discharge, visit *http://www.disabilitydischarge.com*

TO BE COMPLETED BY STUDENT

I acknowledge that a loan and/or TEACH Grant and any future loans and/or TEACH Grants cannot be discharged due to the same or any disability existing at the time the new loan and/or TEACH Grant is made, unless the disabling condition substantially deteriorates to the extent that the definition of total and permanent disability is met. I must provide physician certification that I am currently able to engage in substantial gainful activity, as defined by Federal regulations.

X _____ _____

Student Signature **Date**

PHYSICIAN CERTIFICATION
(To be completed by Physician)

☐ Check here if the physician certification is already on file in the financial aid office. (do not complete below)

Physician Name (please print)		
Address		
City	State	Zip
Phone number		
Check the designation for which you are legally authorized: ☐ Doctor of Medicine ☐ Doctor of Osteopathy		
State of Licensure	Professional License Number	

My signature serves as verification that the condition of the above-named patient has improved to a point where they now have the ability to engage in substantial gainful activity. Substantial gainful activity is defined as the ability to work and earn money. This certification is being requested so that this individual may re-establish eligibility for future Federal Direct Student loans, Federal Perkins loans, and/or a Federal TEACH Grant.

X _____ _____

Physician Signature **Date**

Please complete and return to: A-State Office of Financial Aid & Scholarships

Mail: **P.O. Box 1620 State University, AR 72467** Fax: **870-972-2794** Email: **finaid@astate.edu**