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2026-27 Disability Discharge Confirmation Form

Name (Last, First) _____ Student ID Number: _____

Because you have previously had federal student loans discharged due to a total and permanent disability, you are currently not eligible for further federal loans. However, you may qualify for gift aid, and it may be possible that your federal loan eligibility could be reinstated. See the [Federal Total and Permanent Disability \(TPD\) information page](#) for more information.

- If you would like to solely be considered for gift aid, please complete **Section 1** of this form and return it to the Office of Student Financial Services. **If you are a graduate student**, your school reviews your eligibility and determines gift aid.
- If you would like to solely be considered for both gift aid and federal loan eligibility, please complete **Section 2** of this form and return it to the Office of Student Financial Services. **If you are a graduate student**, your school reviews your eligibility and determines gift aid.

Section 1

☐ Requesting Consideration for Gift Aid

Check this box if you do *NOT* wish to be considered for Federal Direct Loans or the TEACH Grant, but *DO* want to be considered for gift aid.

By signing this section, you understand and certify your interest in other aid types while declining consideration for Federal Direct Loans and the TEACH Grant.

Student Signature: _____ Date: _____

Section 2

☐ Requesting Consideration for Federal Loans

Check this box if you want to be considered for both Federal Direct Loans *AND* Gift Aid.

If you've checked this box, please complete this section and have your physician complete the attached **TPD Discharge Physician Certification** (on the second page). Submit all forms to the Office of Student Financial Services.

By signing, I agree that:

- Any federal student loans borrowed this academic year, including Federal Direct Loans (subsidized or unsubsidized), and TEACH Grant service obligations **will not be canceled in the future based on my current impairment**, unless my condition significantly worsens.
- If my discharge was based on SSA documentation or a physician's certification and I get a new loan before your three-year post-discharge period has ended, my TPD discharge will be reversed.
- If my discharge is reversed, I will once again be responsible for repaying any previously discharged student loans and/or meeting the terms and conditions of any previously discharged loan.
- If I [endorse a Direct PLUS Loan promissory note](#) and the loan is disbursed (paid out), I will be considered as having taken out a new loan, and my monitoring period may be extended.

The required physician's certification below must also be completed.

Student Signature: _____ Date: _____

TPD Discharge Physician Certification

According to the National Student Loan Data System (NSLDS), one or more of this student's prior federal loans were discharged due to a total and permanent disability. Consequently, the borrower is ineligible for further federal student loans unless eligibility is re-established. Re-establishment requires a statement from a legally licensed physician confirming the borrower is no longer totally and permanently disabled, along with the borrower's acknowledgment of responsibility for repaying future loans.

PHYSICIAN STATEMENT

The student referenced above was previously classified as totally and permanently disabled, resulting in the discharge of their federal loans or TEACH Grant obligation. This student is now requesting additional federal loans or a TEACH Grant.

To be eligible for further federal loans or a TEACH Grant, the student must be able to engage in **substantial gainful activity**. This phrase refers to a level of work performed for pay that involves significant physical or mental activities, or a combination of both.

As required by the U.S. Department of Education, please answer the following question:

Is the above-referenced student able to engage in substantial gainful activity? ☐ Yes ☐ No

IF YES: I certify that my patient, the student identified above, has a disability condition that has improved, and in my professional opinion, they are now able to engage in substantial gainful activity.

IF NO: I certify that my patient, the student identified above, has a disability condition that has not improved, and in my professional opinion, remains unable to engage in substantial gainful activity.

Physician's Full Name: _____ Specialty: _____

Office Address: _____

Phone Number: _____ Email: _____

Physician Signature: _____ Date _____

The physician may provide additional comments below: