Steps to regaining eligibility for new loans or TEACH grants following a TPD discharge.

1) Decide if you would like to apply for new federal student loans and/or a TEACH grant (FSL/T).
2) Determine what type of Total and Permanent Disability (TPD) discharge(s) you have:
   a. VA (Veteran’s Administration-determined); or
   b. DI or DS (Physician or SSA- determined).
3) Determine if any TPD discharges are in a 3 year post-discharge monitoring period (PDMP).
4) Use the flow chart below to establish what actions are required based upon the answers given to the previous questions.

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2Borrower’s Acknowledgement Statement: 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 your condition substantially deteriorates so that you are again totally and permanently disabled.

2Physician Certification: Certification from a doctor of medicine or osteopathy legally authorized to practice in a State, that the student has the ability to engage in substantial gainful activity as described by federal regulations: a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

2PDMP Post-discharge monitoring period: A 3-year period following TPD discharges based on SSA documentation or physician’s certification of TPD. Repayment must be resumed on the previously discharged loans before receiving new loans or a TEACH grant.
Student’s Printed Name: _______________________________ Liberty ID # _________________

Please select only one of the following options:

Borrower’s Acknowledgement Statement

☐ I, ____________________________________________, am aware 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 my condition substantially deteriorates so that I am again totally and permanently disabled.

Student’s Signature: _________________________________________ Date: ________________

OR

Statement of Declination

☐ I do not want to apply for federal student loans or a TEACH Grant; however, I would like to be considered for other federal student aid for which I might be eligible.

**No Physician Certification is necessary for this option. **

Student’s Signature: _________________________________________ Date: ________________

Please return form to:
Liberty University Financial Aid Office* 1971 University Blvd* Lynchburg, VA* 24515
Fax: (434) 582-2053 or financialaid@liberty.edu
Attn: Loan Department-Disability Discharge
Student’s Signature: ________________________________ Date: ____________
(Student’s signature authorizes release of the information requested below.)

Student’s Printed Name: _______________________________ Liberty ID # __________

Please note: This document, like all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Act of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

Instructions for Physician: The above-named student has applied for federal student aid to attend Liberty University. Federal regulations require the student to obtain certification from a physician that he has the ability to engage in substantial gainful activity prior to receiving new federal student loans or a TEACH grant because he has had previous federal student loans discharged due to total and permanent disability (TPD). You should complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a State*. By completing the information below, you are certifying that the above-named student is your patient and is capable of substantial gainful activity† as described in the federal regulations.

Physician’s Name (print): ____________________________ MD or DO: ______

Physician’s Signature: ______________________________ Date: ____________

Physician’s Practice Name: ____________________________________________

Address: ____________________________________________________________________

City: ___________________________ State: ______ Zip Code: __________

Phone: __________________________ Email: __________________________

† “Substantial gainful activity” means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

*State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

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Attn: Loan Department-Disability Discharge