


Phone: (417) 836-5262  
Phone: (800) 283-4243  
Fax: (417) 836-8392  
FinancialAid@MissouriState.edu  
 @MSU\_FinAid



OFFICE of  
STUDENT  
FINANCIAL AID

Office of Student Financial Aid  
Carrington Hall, Room 101  
901 S. National Ave.  
Springfield, MO 65897

[www.MissouriState.edu/FinancialAid](http://www.MissouriState.edu/FinancialAid)

### 2023-2024 Loan Disability and Discharge Form

Student Name: \_\_\_\_\_ BearPass #: M  
*Last First (required)*

The purpose of this form is to comply with the requirement for students who have been granted a Total and Permanent Disability (TPD) discharge of Federal Student Loans or TEACH Grant service obligations by the U.S. Department of Education who wish to return to school and use federal aid.

#### ELIGIBILITY FOR NEW LOANS OR TEACH GRANT:

If the U.S. Department of Education grants or has granted a total and permanent disability discharge of your Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation, you will not be eligible to receive a new Direct Loan or TEACH Grant in the future unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity and return to school; and
- You 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 your condition substantially deteriorates so that you are again totally and permanently disabled.

In addition, if your discharge was granted based on documentation from the SSA or a physician's certification and you request a new Direct Loan, Perkins Loan, or TEACH Grant during the 3-year post-discharge monitoring, you must resume payment on the previously discharged loans or acknowledge that you are once again subject to the terms of your TEACH Grant service obligation before you can receive the new loan or TEACH Grant.

For further information or for questions regarding the 3-year post-discharge monitoring period please contact [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net) or call 1-888-303-7818 to determine the impact your decision to return to school and originate new federal loans or the TEACH Grant will have on your approved discharge.

- I have previously discharged loans and am requesting a review to reinstate Title IV financial aid eligibility. I have attached a completed and signed:
- 2023-2024 Borrower's Acknowledgement of Obligation, and
  - Physician's Certification, required once for MSU. Check here if submitted for a previous year

- I have previously discharged loans, but DO NOT want to apply for federal student loans. You DO NOT need to provide either the Borrower's Acknowledgement of Obligation or Physician's Certification.

**By providing my signature, I acknowledge and agree to the terms established by the U.S. Department of Education with regard to total and permanent disability discharge of federal loans and TEACH Grant service obligations and will provide the information requested. I understand that reinstatement of Title IV financial aid is not guaranteed.**

\_\_\_\_\_  
Student's Physical Signature (No Digital Signatures)


\_\_\_\_\_  
Date

*Deadline for processing: please complete ALL required steps and submit form(s) to the fax/email/address above by:*

**Fall Semester: December 1, 2023**



**Spring Semester: April 26, 2024**

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**2023-2024 Borrower's Acknowledgment of Obligation**

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. **Before you can receive additional federal student loans**, this form must be completed and returned to the Office of Student Financial Aid.

I, the undersigned, do hereby acknowledge that:

1. Any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation disbursed on or subsequent to the date this acknowledgement is signed and entered into, may not be discharged in the future based on any impairment or condition described in the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200\*, and
2. The U.S. Department of Education (ED) will resume collection on any Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation that has been conditionally discharged prior to a final ED determination of total and permanent disability. Additionally, any such loan(s) or service obligation cannot be discharged in the future based on any impairment or condition described on my "Discharge Application: Total and Permanent Disability" of the attached "Physician's Statement of Condition," unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as defined in 34 CFR 682.200\*.
3. If any conditionally discharged loan(s) was in default status before the conditional discharge, you are not eligible to receive a new William D. Ford Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant service obligation until you make satisfactory repayment arrangements with the U.S. Department of Education (i.e., six voluntary, on-time, consecutive, monthly payments on each previously defaulted loan).

\*34 CFR 682.00 defines total and permanent disability as the condition an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months: OR has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connect disability.

\_\_\_\_\_  
Borrower's Signature

\_\_\_\_\_  
Date


\_\_\_\_\_  
Print Borrower's Name

\_\_\_\_\_  
Borrower's Date of Birth

\_\_\_\_\_  
Borrower's Social Security Number

\_\_\_\_\_  
BearPass Number

\*\*\*\*VALID ONLY FOR THE LOANS CERTIFIED BY MISSOURI STATE UNIVERSITY FOR THE 2023-2024 ACADEMIC YEAR. \*\*\*\*

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**2023-2024 Physician's Statement of Condition**

**SECTION A: To be completed by student**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ BearPass# M \_\_\_\_\_  
Student's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Phone Number (s): \_\_\_\_\_

**BORROWER AUTHORIZATION, UNDERSTANDING, AND CERTIFICATION:**

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my Federal Family Education Loans to make information from these records available to Missouri State University or Direct Lending.

\_\_\_\_\_  
Student's Physical Signature (No Digital Signatures) Date

**SECTION B: To be completed by physician**

**Instructions for Physician:** You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) or TEACH Grant service obligation were previously discharged due to total and permanent disability is presently able to engage in substantial gainful activity because the disabling condition or impairment has substantially improved.

**Diagnosis of the aforementioned person's present medical condition:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When did the aforementioned person's illness/injury substantially improve?** \_\_\_\_\_  
\_\_\_\_\_

**Borrower is: Ambulatory:** \_\_\_\_\_ **Other:** \_\_\_\_\_

**Prognosis:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgment, the person named above is able to engage in substantial gainful activity (Example: be employed and earn wages).

**Physician's Signature and Date:** \_\_\_\_\_

**Physician's Name (typed or printed):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**State of Professional Registration:** \_\_\_\_\_

**Professional Registration Number:** \_\_\_\_\_

Please return this completed form to Missouri State University at the email/fax/ mailing address above.

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