



**Acknowledgment of Total and Permanent Disability Discharge**

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_  
Last First MI

I understand and affirm that I am a borrower whose prior loan was discharged due to a total and permanent disability (TPD) based on a determination by the U.S. Department of Education. I now wish to take out another FSA Loan or wish to receive another TEACH grant. I understand that I must obtain a physician’s certification that I have the ability to engage in substantial gainful activity and submit it to the UNCG Financial Aid Office along with my loan or grant application. I further understand that, pursuant to Department of Education guidelines, any new FSA loan or TEACH grant obligation that I am awarded cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Additionally, I acknowledge that if I request a new FSA Loan or TEACH Grant during my three (3) year Post Discharge monitoring period the terms and conditions of my prior loan(s) that were subject to the discharge will be reinstated.

**By signing this statement, I certify under penalty of perjury that the information I have reported on this form is complete and accurate. I understand that purposely giving false or misleading information to qualify for federal student aid is a federal offense that can result in fines and/or incarceration.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_