

## Acknowledgment of Total and Permanent Disability Discharge

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

Only Required for Parent PLUS loan:

Parent Borrower \_\_\_\_\_  
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. Please be aware that a borrower who received a Total Permanent Discharge based on a determination from the VA that they are unemployable due to a service-connected disability is not subject to a monitoring period and is not required to resume payment on the discharged loan as a condition for receiving a new loan.

**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.**

Borrower Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent Borrower Signature if this is for Parent PLUS Loan)

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