



2024-2025 Request for Federal Direct Loan after Discharge due to Total and Permanent Disability (TPD)

Student Name: First Last

ctcLink Student ID:

The National Student Loan Data System (NSLDS) contacted us to let us know that your previous federal student loan/s were discharged because of a total and permanent disability. Our records show that you are now requesting a new federal direct loan as part of your financial aid offer for the current or upcoming year. Before we can process your new loan, there are a few things you must do:

1. Ask your licensed doctor to sign the statement below. This statement certifies you are now able to work and go to school, and that you can complete a degree program.
2. You must sign the Student/Borrower Statement form below.
3. You must also agree that Edmonds College, the U.S. Department of Education, or any other institution that holds your loans can access your medical records related to the certification from your doctor.

Student Section: Fill out this section whenever you apply for a new student loan

Student/Borrower Statement

I confirm that I previously had my federal student loans discharged because of a total and permanent disability. Here is what I understand about the new loans I receive:

- I must repay these loans in full, and they cannot be discharged in the future based on any disabilities I have when I take out the loan, unless my condition worsens significantly according to my doctor.
- I also understand that I must complete the post-discharge period for my previous loans, or I may have to start repaying them.
- Additionally, I understand that I must submit the Physician's Certification form below, which confirms that I can work and go to school, and that I have recovered enough from my previous condition to successfully complete my degree program and find a job to repay the loan I'm applying for.

Consent for Release of Information:

By agreeing to this, I give permission to any doctor, hospital, or institution that has medical records related to the Physician Certification I submit with this form to share that information with Edmonds College, the U.S. Department of Education, or the institution that holds my loan(s).

Student Signature: _____ Date: _____

Must be signed as a "wet" signature in ink. Electronic signatures or a typed signature is not allowed.

Student: Print and sign this form, attach this form to the Physician Certification form and take both to your doctor for a signature.

NOTE: You do not need a Physician Certification if previously submitted to Edmonds College and there has not been a break of more than three quarters of enrollment. You can submit this first page directly to Edmonds using this link: [Submit Documents Online](#)

Physician Certification Section

This form is used to certify that a licensed doctor confirms the borrower's ability to work and earn a substantial income. It also states that if the borrower receives federal student loans based on this certification, those loans cannot be canceled unless their condition significantly worsens and meets the definition of total and permanent disability. This form allows the borrower to apply for additional loans under the Federal Direct Loan Program.

Total and Permanent Disability means that the borrower is unable to work or attend school due to an injury or illness that is expected to last indefinitely or result in death. The doctor will assess how the disability affects the borrower's ability to earn income compared to what they would normally earn if they were not disabled. If the disability significantly impairs the borrower's earning potential for any type of work and is expected to last a long time, then the borrower is considered permanently disabled under this definition. However, if the borrower's condition improves and they can work or attend school, they can go through a process to reinstate their eligibility for federal student aid.

Privacy Act Notice: Under the Privacy Act of 1974 (5 U.S.C. 522a), agencies must inform individuals about the collection of their information. The authority to collect the information on this form comes from 20 U.S.C. 1087, 42 U.S.C. 209 4k, and 22 U.S.C. 2601.

- The main purpose of this information is to verify the borrower's identity, confirm their ability to work and earn a substantial income, and locate their certifying physician if necessary.
- This information may be shared with federal, state, or local agencies, guaranty agencies, educational and financial institutions, and agency contractors. It will be used to verify the borrower's identity, assess their ability to work and earn income, investigate potential fraud, and ensure compliance with program regulations. Failure to provide this information may result in denial of the borrower's loan request.
- This information is necessary to process applications for new Federal Loan Programs.

*Source: U.S. Department of Education, "Physician Certification and Borrower's Acknowledgment of Obligation," 7-99 (L-54). WSU Revised 3/2014

Physician's Name:

Physician's Address:

By signing below I certify that I have evaluated the patient listed above and have determined that in my professional and medical judgement, the patient is able to engage in substantial gainful activity, including attending school, completing a degree, and obtaining job for the purpose of earning an income, needed to repay the patient's student loans.

Physician's Signature: _____ **Date:** _____

Must be signed as a "wet" signature in ink. Electronic signatures or a typed signature is not allowed.

Physician: Review page one (student section), complete page two (physician section), sign this form and return to the patient/student borrower for submission to Edmonds College.