

## 2026-2027 Loan Discharge Due to Disability

### SECTION A: STUDENT INFORMATION

Name: **UNTD Assigned ID:** **SSN (last 4 digits only):**

Our records indicate you have one or more student loans discharged because of a total and permanent disability. If you wish to be considered for additional federal student loans, complete section I and II of this form. **This form must be done each year that you want to receive a loan.**

### SECTION B: STUDENT CERTIFICATION

I have previously had a Direct loan(s) and/or TEACH grant discharged due to total and permanent disability. I certify that at this time:

- My condition has improved to permit me to engage in substantial gainful activity.
- I acknowledge that any new Direct loan(s) and/or TEACH grant obligation I may receive cannot be discharged in the future on the basis of any impairment present when a new federal student loan and/or TEACH grant is made, unless that impairment substantially deteriorates, so that I am again totally and permanently disabled.
- In addition, I acknowledge if my discharge was granted based on documentation from a physician's certification and my request for a new Direct Loan and/or TEACH Grant during the 3-year post-discharge monitoring period, I must resume repayment on the previously discharged loan(s) or acknowledge that I am once again subject to the terms of my TEACH Grant service obligation before I can receive the new loan(s) or TEACH Grant.
- Including the documentation verifying my Total and Permanent Discharge.

Student Signature

Date

*X*

### SECTION C: STUDENT MEDICAL HISTORY CERTIFICATION

I have provided a physician statement to the University of North Texas at Dallas in previous years.  Yes  No

If you answer no, please sign this form as consent for release of information and have your physician complete the attached physician statement.

I understand my physician must sign the statement below and I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a loan(s) and/or TEACH grant discharged to make information from such records available to the University of North Texas at Dallas.

Student Signature

Date

*X*

***Return this completed form with any required documentation to:***

*Office of Financial Aid & Scholarships/University of North Texas at Dallas/7350 University Hills Blvd., Dallas, TX 75241  
or fax to (972) 338-1799 or save and attach as PDF and email to [financialaid@untallas.edu](mailto:financialaid@untallas.edu)*

# Loan Discharge Due to Disability

## General Information

- This form is used to obtain a physician's certification.
- The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity.
- This form will allow the borrower to secure additional loan(s) under one or more of the following
- William D. Ford Direct Loan: Stafford Student Loan Programs, Parent Loans for Undergraduate Students (PLUS), Consolidation Loans.

## Physician Instructions

- You are being asked to complete, sign, and date this form to certify that the borrower is able to engage in substantial gainful activity (e.g., able to work and earn money or attend school).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

## School Instructions

- Receipt of this completed form with the appropriate physician's certification satisfies the federal requirements [34 CFR 682.201(a)(5)] for affected borrowers.
- This completed form must be maintained as part of the student's financial aid records to document his/her eligibility for a Direct Program loan.
- A copy of this completed form must accompany the loan application when it is sent to Direct Loans.
- The borrower should retain a copy for their records and the school must keep a copy in the student file.

**Privacy Act Notice:** The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information:

- The authority for collecting the information requested on this form is found in 20 U.S.C. I 087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.
- The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new Direct Program loans.

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## **2026-2027 Loan Discharge Due to Disability Physician Certification**

### **SECTION D: PHYSICIAN CERTIFICATION**

**To be completed by Certifying Physician** (see instructions and privacy act notice)

Prognosis-Is condition static?  **Yes**  **No**-If no, what optimum improvement or deterioration can be expected?

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**Physician's Certification (Check one)**

- I certify that in my professional medical judgment, of the patient/borrower named above is able to engage in substantial gainful activity.
- In my professional medical judgement of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity.

Name of physician: \_\_\_\_\_

Legally authorized to practice in the state of: \_\_\_\_\_

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

Telephone number: \_\_\_\_\_

Physician's license number: \_\_\_\_\_

Physician Signature

Date

*X*

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