



TPD-APP

# DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY

## William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program / TEACH Grant Program

OMB No. 1845-0065  
Form Approved  
Exp. Date 12/31/2023

This is an application for a total and permanent disability (TPD) discharge of your Direct Loan, FFEL, and/or Perkins Loan program loan(s), and/or your Teacher Education Assistance for College and Higher Education (TEACH) Grant Program service obligation.

Throughout this application, the words “we,” “us,” and “our” refer to the U.S. Department of Education.

Make sure that all requested information is included. Incomplete information may cause your application to be delayed or rejected. To qualify for this discharge, you must submit certain documentation from **one** of the following sources: **(1)** the U.S. Department of Veterans Affairs (VA) or **(2)** the Social Security Administration (SSA) or **(3)** certain licensed or certified medical professionals.

Except for VA or SSA determinations described below, a disability determination by another federal or state agency does not qualify you for this discharge.

### U.S. Department of Veterans Affairs Documentation

If you are a veteran, you may receive a loan discharge if you are unemployable due to a service-connected disability. Generally, you can meet this standard by providing documentation from the VA showing that you have received one of the following two types of VA disability determinations: **(1)** a determination that you have a service-connected disability (or disabilities) that is 100% disabling; or **(2)** a determination that you are totally disabled based on an individual unemployability rating. You do not qualify for discharge based on a VA disability determination if your disability is not service-connected.

### Social Security Administration Documentation

If you are eligible for Social Security Disability Insurance (SSDI) or Supplemental Security Income (SSI), you may qualify for a loan discharge by providing a copy of your SSA notice of award, SSA Benefits Planning Query (BPQY) or other acceptable documentation (as determined by the U.S. Department of Education) showing that you meet one of the following requirements:

1. You qualify for SSDI or SSI based on disability, and your next scheduled disability review has been scheduled between 5 to 7 years from the date of your last SSA disability determination;
2. You qualify for SSDI or SSI based on disability and your next continuing disability review has been scheduled at 3 years;
3. You have an established medical onset date for SSDI or SSI of at least 5 years before the date of your application for TPD discharge, or you have been receiving SSDI or SSI based on disability for at least 5 years before the date of your application for TPD discharge;
4. You qualify for SSDI or SSI based on a compassionate allowance; or
5. You are currently receiving SSA retirement benefits, and immediately before you qualified for SSA retirement benefits, you met one of the requirements described in paragraphs A through D above.

If you want to submit a BPQY but do not have one, contact the SSA office that issued your award and request form SSA-2459. You may also request a BPQY by calling 1-800-772-1213 or by visiting [www.ssa.gov](http://www.ssa.gov)

If you are granted a discharge based on SSA documentation, we will monitor your status during a 3-year monitoring period. Your discharged loans or TEACH Grant service obligation may be reinstated if you receive a new Direct Loan or TEACH Grant during this monitoring period, as explained in Section 6 of this form.

### Authorized Medical Professional Certification

You may qualify for discharge by having an authorized medical professional (see definition in Section 5) complete Section 4 of this application. The authorized medical professional must certify that you are unable to engage in any substantial gainful activity (see definition in Section 5) by reason of a medically determinable physical or mental impairment that: **(1)** can be expected to result in death; **(2)** has lasted for a continuous period of at least 60 months; or **(3)** can be expected to last for a continuous period of at least 60 months.

If you are granted a discharge based on an authorized medical professional's certification, we will monitor your status during a 3-year monitoring period. Your discharged loans or TEACH Grant service obligation may be reinstated if you receive a new Direct Loan or TEACH Grant during this monitoring period, as explained in Section 6.

### Important Tax Information

Loan amounts discharged due to TPD are not considered taxable income by the Internal Revenue Service (IRS) for federal tax purposes. However, some states may consider the discharged amount to be income for state tax purposes. Check with your state tax office or a tax professional before filing your state tax return.

### How to Designate Someone to Represent You

If you wish to designate someone to represent you in matters related to your discharge request, you must complete the Applicant Representative Designation: Total and Permanent Disability form. You may obtain this form from our TPD Discharge Servicer (see below).

### WHERE TO SEND YOUR COMPLETED APPLICATION AND DOCUMENTATION

U.S. Department of Education - TPD Servicing  
P.O. Box 87130  
Lincoln, NE 68501-7130  
Fax: 303-696-5250

### IF YOU NEED HELP COMPLETING THE APPLICATION

Phone: 1-888-303-7818 (TTY: dial 711, then phone no.)  
Email: [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)  
Website: [www.disabilitydischarge.com](http://www.disabilitydischarge.com)



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OMB No. 1845-0065  
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## William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program / TEACH Grant Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying document is subject to penalties that may include fines, imprisonment, or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

### SECTION 1: APPLICANT INFORMATION

Please enter or correct the following information.

☐ Check this box if any of your information has changed.

SSN \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Telephone - Primary \_\_\_\_\_

Telephone - Alternate \_\_\_\_\_

Email \_\_\_\_\_

### SECTION 2: TOTAL AND PERMANENT DISABILITY INFORMATION

Carefully read the entire application. Type or print in dark ink. Sign and date the application in Section 3.

1. Are you a veteran who has received a determination from the VA that you are **unemployable due to a service-connected disability**?

- ☐ Yes - Attach documentation of the VA determination and complete Section 3. You do not need to have an authorized medical professional complete Section 4.  
☐ No - Continue to Item 2.

2. Are you currently receiving SSDI or SSI benefits, or SSA retirement benefits, and does your most recent SSA notice of award, SSA Benefits Planning Query (BPQY), or other documentation show that you meet one of the requirements A through E listed below?

- A. You qualify for SSDI or SSI based on disability, and your next scheduled disability review is between 5 and 7 years from the date of your last SSA disability determination;  
B. You qualify for SSDI or SSI based on disability and your next continuing disability review has been scheduled at 3 years;  
C. You have an established onset date for SSDI or SSI of at least 5 years before the date of your application for TPD discharge, or you have been receiving SSDI or SSI based on disability for at least 5 years before the date of your application for TPD discharge;  
D. You qualify for SSDI or SSI based on a compassionate allowance; or  
E. You are currently receiving SSA retirement benefits, and before you qualified for SSA retirement benefits, you met one of the requirements described in paragraphs A through D above.  
☐ Yes - Attach a copy of your most recent SSA notice of award or BPQY, or other documentation showing that you meet one of the requirements listed above and complete Section 3. If you submit documentation other than a notice of award or BPQY it will be reviewed and accepted only if it provides sufficient information to determine that you meet the requirements above. You do not need to have an authorized medical professional complete Section 4.  
☐ No - Complete Section 3 and have an authorized medical professional (see definition in Section 5) complete and sign Section 4.

### SECTION 3: APPLICANT'S REQUEST, AUTHORIZATIONS, UNDERSTANDINGS, AND CERTIFICATIONS

**I request** that the U.S. Department of Education discharge my Direct Loan, FFEL, and/or Perkins Loan program loan(s), and/or my TEACH Grant service obligation.

**I authorize** any authorized medical professional (as defined in Section 5), hospital, or other institution having records about the disability that is the basis for my request for a discharge to make information from those records available to the U.S. Department of Education.

**I authorize** the organization I submit this request to and its agents to contact me regarding my request or my loans at the cellular telephone number that I provide now or in the future using automated telephone dialing equipment or artificial or prerecorded voice or text messages.

**I understand** that: (1) If I am applying for a discharge based on an authorized medical professional's certification in Section 4, **I must submit this application to the U.S. Department of Education within 90 days of the date of the authorized medical professional's signature in Section 4**; and (2) if I am a veteran who answered No to Item 1 in Section 2, and I obtained a certification from an authorized medical professional in Section 4, that certification is only for purposes of determining my eligibility for a discharge of my loan(s) or TEACH Grant service obligation, and is not for purposes of determining my eligibility for, or the extent of my eligibility for, VA benefits.

**I certify** that: (1) I have a total and permanent disability, as defined in Section 5; and (2) I have read and understand the information in Sections 6 and 7.

\_\_\_\_\_  
Applicant's or Representative's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Representative Name (if applicable)

**NOTE:** You may designate someone to represent you in matters related to your application. If you wish to designate a representative, you must complete the Applicant Representative Designation: Total and Permanent Disability form.

Applicant Name \_\_\_\_\_

Applicant SSN \_\_\_\_\_

**SECTION 4: AUTHORIZED MEDICAL PROFESSIONAL CERTIFICATION**

Print legibly and initial any changes. Return the form to the applicant or representative.

**Applicant Identification**

1. Provide the below information regarding the individual for whom you are completing this Section:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Medically Determinable Physical or Mental Impairment**

2. Does the applicant have a medically determinable physical or mental impairment that prevents the applicant from engaging in any substantial gainful activity? **Substantial gainful activity** means a level of work performed for pay or profit that involves doing significant physical or mental activities or a combination of both. If the applicant is able to engage in any substantial gainful activity in any field of work, you must answer "No".

☐ Yes - Continue to Item 3.☐ No - **Do not complete this application.****Severity/Duration of Physical or Mental Impairment**

3. Is the applicant's impairment expected to result in death?

☐ Yes - Skip to Item 5.☐ No - Continue to Item 4.

4. Has the applicant's impairment lasted or is it expected to last for a continuous period of at least 60 months?

☐ Yes - Continue to Item 5.☐ No - **Do not complete this application.****Disabling Condition**

Do not use insurance codes or abbreviations.

5. Provide your diagnosis of the applicant's impairment:

6. Describe the severity of the applicant's impairment, including, if applicable, the phase of the impairment:

**Limitations**

Explain how the condition prevents the applicant from engaging in any substantial gainful activity in any field of work. Attach additional pages if needed. Enter "N/A" if not applicable. You may include additional information you believe is helpful in understanding the applicant's condition, such as medications or procedures used to treat the condition.

7. Limitations on sitting, standing, walking, or lifting:

8. Limitations on activities of daily living:

9. Residual functionality:

10. Social/behavioral limitations (if any):

11. Global Assessment Function Score (for psychiatric conditions):

**Authorized Medical Professional's Certification**

I **certify** that, in my best professional judgment, the applicant identified in Item 1 has a medically determinable physical or mental impairment consistent with my responses in Items 2 through 10. I **understand** that an applicant who is currently able to engage in any substantial gainful activity in any field of work does not have a total and permanent disability as defined on this form. I am a:

- ☐ doctor of medicine legally authorized to practice in a state  
☐ doctor of osteopathy/osteopathic medicine legally authorized to practice in a state  
☐ nurse practitioner licensed by a state  
☐ physician assistant licensed by a state  
☐ certified psychologist at the independent practice level licensed to practice in the United States

\_\_\_\_\_  
State Where Legally Authorized to Practice or Licensed\*\_\_\_\_\_  
Professional License Number (subject to verification; stamp is acceptable)

\*If you are licensed to practice in American Samoa, Puerto Rico, the U.S. Virgin Islands, the Northern Mariana Islands, the Marshall Islands, Micronesia, or Palau, attach a copy of your professional license that clearly shows the expiration date.

\_\_\_\_\_  
Signature (a stamp is not acceptable)\_\_\_\_\_  
Date (mm-dd-yyyy)\_\_\_\_\_  
Name (First, Middle, Last)\_\_\_\_\_  
Address (a stamp is acceptable)\_\_\_\_\_  
Email\_\_\_\_\_  
Telephone\_\_\_\_\_  
Fax

## SECTION 5: DEFINITIONS

An **authorized medical professional** who may complete Section 4 of this form is:

- a doctor of medicine or osteopathy legally authorized to practice in a state;
- a nurse practitioner licensed by a state;
- a physician assistant licensed by a state; or
- a certified psychologist at the independent practice level who is licensed to practice in the United States.

If you have a **total and permanent disability**, this means that: **(1)** you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, or that has lasted for a continuous period of not less than 60 months, or that can be expected to last for a continuous period of not less than 60 months; **OR (2)** you are a veteran who has been determined by the VA to be unemployable due to a service-connected disability. Except for certain VA or SSA determinations as explained elsewhere on this form, a disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) and/or TEACH Grant service obligation due to a total and permanent disability.

**Substantial gainful activity** means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.

A **discharge of a loan** due to a total and permanent disability cancels your obligation (and, if applicable, an endorser's obligation) to repay the remaining balance on your Direct Loan, FFEL, and/or Perkins Loan program loans.

A **discharge of a TEACH Grant service obligation** cancels your obligation to complete the teaching service that you agreed to perform as a condition for receiving a TEACH Grant.

The **post-discharge monitoring period** begins on the date we grant a discharge of your loan(s) or TEACH Grant service obligation and lasts for three years. If at any time during the post-discharge monitoring period, you receive a new loan under the Direct Loan Program or a new TEACH Grant, we will reinstate your obligation to repay your loan(s) or complete your TEACH Grant service.

**Note to Veterans:** The post-discharge monitoring period does not apply if you are a veteran who receives a discharge based on a qualifying disability determination from the VA as described in item **(2)** of the definition of "total and permanent disability".

The **William D. Ford Federal Direct Loan (Direct Loan) Program** includes Federal Direct Stafford/Ford Loans (Direct Subsidized Loans), Federal Direct Unsubsidized Stafford/Ford Loans (Direct Unsubsidized Loans), Federal Direct PLUS Loans (Direct PLUS Loans), and Federal Direct Consolidation Loans (Direct Consolidation Loans).

The **Federal Family Education Loan (FFEL) Program** includes Federal Stafford Loans (both subsidized and unsubsidized), Federal Supplemental Loans for Students (SLS), Federal PLUS Loans, and Federal Consolidation Loans.

The **Federal Perkins Loan (Perkins Loan) Program** includes Federal Perkins Loans, National Direct Student Loans (NDSL), and National Defense Student Loans (Defense Loans).

The **Teacher Education Assistance for College and Higher Education (TEACH) Grant Program** requires individuals to complete a teaching service obligation as a condition for receiving a TEACH Grant.

The **holder** of your FFEL Program loan(s) may be a lender, a guaranty agency, or the U.S. Department of Education. The holder of your Perkins Loan Program loan(s) may be a school you attended or the U.S. Department of Education. The holder of your Direct Loan Program loan(s) and/or your TEACH Grant Agreement to Serve (if you received a TEACH Grant) is the U.S. Department of Education. Your loan holder may use a servicer to handle billing and other matters related to your loan. The term "holder" as used on this application means either your loan holder or, if applicable, your loan servicer.

The term "**state**" for purposes of the authorized medical professional's certification in Section 4 (the authorized medical professional must be licensed to practice in a state) includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the U.S. Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

A **representative** is a member of your family, an attorney, a law firm or legal aid society, or another individual or organization authorized to act on your behalf in connection with your total and permanent disability discharge application.

## SECTION 6: DISCHARGE PROCESS/ELIGIBILITY REQUIREMENTS/TERMS AND CONDITIONS FOR DISCHARGE

### *Applying for discharge (all applicants):*

**Submission of discharge application.** After you submit your completed application and documentation to us, we will send you a notice that will:

- Acknowledge receipt of your application;
- Explain the process for our review of your application; and
- Explain that you are not required to make any payments on your loans while we review your application for discharge.

**Consequences of failure to submit an application.** If you do not submit an application to us within 120 days of notifying us that you intend to submit an application, collection activity will resume on your loans. If you have a FFEL Program loan and the holder of the loan is a lender, the lender may capitalize any unpaid interest that accrued while collection activity was suspended. This means that the unpaid interest will be added to the principal balance of your loan, and interest will then be charged on the increased loan principal amount. If you have a Direct Loan, a FFEL Program loan that is held by the U.S. Department of Education or a guaranty agency, or a Federal Perkins Loan, unpaid interest will not be capitalized.

## SECTION 6: DISCHARGE PROCESS/ELIGIBILITY REQUIREMENTS/TERMS AND CONDITIONS FOR DISCHARGE (CTD.)

### ***Discharge process for veterans who have received a qualifying disability determination from the VA:***

**Our review of your discharge application.** We will review the documentation from the VA to determine if you are totally and permanently disabled as described in item (2) of the definition of “total and permanent disability” in Section 5 of this application.

**Determination of eligibility or ineligibility for discharge.** If we determine that you are totally and permanently disabled, you will be notified that your loans and/or TEACH Grant service obligation has been discharged. The discharge will be reported to nationwide consumer reporting agencies, and any loan payments received on your loan on or after the effective date of the determination by the VA that you are unemployable due to a service-connected disability will be refunded to the person who made the payments.

If we determine that you are **not** totally and permanently disabled, you will be notified of that determination. The notification will include:

- The reason or reasons for the denial of your discharge application;
- An explanation that your loans are due and payable to the loan holder under the terms of the promissory note that you signed and that your loans will return to the status they were in at the time you applied for a total and permanent disability discharge;
- An explanation that your loan holder will notify you of the date you must resume making payments on your loans; and
- An explanation that if you applied for a discharge of a TEACH Grant service obligation, you must comply with all terms and conditions of your TEACH Grant Agreement to Serve.

The notification will also explain your ability to request reconsideration of this determination or to submit a new discharge application:

- You may request that we re-evaluate your discharge application by providing additional documentation from the VA that supports your eligibility for discharge. If you provide this documentation within 12 months of the date of our notification that you are ineligible for discharge, you do not have to submit a new application. After 12 months, a new application is required.
- If the documentation from the VA does not indicate that you are unemployable due to a service-connected disability, you may reapply for discharge under the “Discharge Process For All Other Applicants”. You must submit a new application with the required documentation from the SSA or an authorized medical professional’s certification in Section 4.

### ***Discharge process for all other applicants:***

**Our review of your discharge application.** If you submit a discharge application supported by an award of benefits notice from the SSA, SSA Benefits Planning Query (BPQY), or other acceptable documentation, we will review that documentation to determine if it meets the requirements described in Section 2, Item 2 of this form.

If you submit a discharge application supported by an authorized medical professional’s certification in Section 4 of this application, we will review the certification and any accompanying documentation to determine if you are totally and permanently disabled as described in item (1) of the definition of “total and permanent disability” in Section 5 of this

application. We may also contact the authorized medical professional for additional information, or may arrange for an additional review of your condition by an independent physician or other medical professional at our expense. Based on the results of this review, we will determine your eligibility for a discharge.

If we determine during our review of your application that you received a Direct Loan or a TEACH Grant before the date we received the SSA notice of award or BPQY, or other acceptable documentation, or before the date the authorized medical professional certified your application in Section 4, and a disbursement of that loan or grant is made after that date, but before we have granted a discharge, we will suspend processing of your discharge request until you ensure that the full amount of the disbursement is returned to us.

If you apply for a total and permanent disability discharge and we determine as part of our review that a new Direct Loan or a new TEACH Grant was made to you on or after the date we received the SSA notice of award or BPQY, or other acceptable documentation, or on or after the date the authorized medical professional certified your application in Section 4, and before the date we grant a discharge, we will deny your discharge request. Collection will resume on your loans and you will again be responsible for complying with the terms and conditions of your TEACH Grant Agreement to Serve.

**Determination of eligibility or ineligibility for discharge.** If we determine that you are totally and permanently disabled, we will notify you that a discharge has been approved, and that you will be subject to a post-discharge monitoring period for three years beginning on the discharge date. The notification of discharge will explain the terms and conditions under which we will reinstate your obligation to repay your loan or to complete your TEACH Grant service obligation. The discharge will be reported to nationwide consumer reporting agencies, and any loan payments that were received after the date we received the SSA notice of award or BPQY, or other acceptable documentation, or after the date the authorized medical professional certified your discharge application will be returned to the person who made the payments.

If we determine that you are **not** totally and permanently disabled, you will be notified of that determination. The notification will include:

- The reason or reasons for the denial of your discharge application;
- An explanation that your loans are due and payable to the loan holder under the terms of the promissory note that you signed and that your loans will return to the status that would have existed if your total and permanent disability discharge application had not been received;
- An explanation that your loan holder will notify you of the date you must resume making payments on your loans;
- An explanation that if you applied for a discharge of a TEACH Grant service obligation, you must comply with all terms and conditions of your TEACH Grant Agreement to Serve or Repay;

## SECTION 6: DISCHARGE PROCESS/ELIGIBILITY REQUIREMENTS/TERMS AND CONDITIONS FOR DISCHARGE (CTD.)

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### Discharge process for all other applicants (continued):

#### Determination of eligibility or ineligibility for discharge (continued).

- An explanation that you are not required to submit a new total and permanent disability discharge application if, within 12 months of the date of our notification to you that you are ineligible for discharge, you provide additional information regarding your disabling condition that supports your eligibility for discharge, and you request that we re-evaluate your discharge application; and
- An explanation that if you do not request re-evaluation of your prior discharge application within 12 months of the date of our notification of ineligibility for discharge, and you still wish to have us re-evaluate your eligibility for a total and permanent disability discharge, you must submit a new total and permanent disability discharge application to us.
- If you request a re-evaluation of your total and permanent disability discharge application or submit a new total and permanent disability discharge application, as described above, your request must include new information regarding your disabling condition that was not provided to us in connection with your prior application for discharge.

**Post-discharge monitoring period and reinstatement of obligation to repay discharged loans or complete discharged TEACH Grant service obligation.** If you are granted a discharge, we will monitor your status during the 3-year post-discharge monitoring period that begins on the date the discharge is granted.

If at any time during the post-discharge monitoring period, you receive a new loan under the Direct Loan Program or a new TEACH Grant, we will reinstate your obligation to repay your loans and/or to complete your TEACH Grant service. If your loans are reinstated, you will be responsible for repaying your loans to us in accordance with the terms of your promissory note(s). Your loans will be returned to the status that would have existed if we had not received your total and permanent disability discharge application. However, you will not be required to pay interest on your loans for the period from the date of the discharge until the date your repayment obligation was reinstated. We will be your loan holder. If your TEACH Grant service obligation is reinstated, you will again be subject to the requirements of your TEACH Grant Agreement to Serve or Repay and must complete your service obligation within the portion of your eight-year service obligation period that remained after the date of the total and permanent disability discharge. If you do not meet the terms of that agreement and the TEACH Grant funds you received are converted to a Direct Unsubsidized Loan, you must repay that loan in full, and interest will be charged from the date(s) that the TEACH Grant funds were disbursed.

If your obligation to repay your loans or to complete your TEACH Grant service obligation is reinstated, we will notify you of the reinstatement. This notification will include:

- The reason or reasons for the reinstatement;
- For loans, an explanation that the first payment due date on the loan following the reinstatement will be no earlier than 90 days following the date of the notification of reinstatement; and
- Information on how you may contact us if you have questions about the reinstatement, or if you believe that your obligation to repay a loan or complete your TEACH Grant service obligation was reinstated based on incorrect information.

## SECTION 7: ELIGIBILITY REQUIREMENTS TO RECEIVE FUTURE LOANS OR TEACH GRANTS

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### *For veterans who receive a total and permanent disability discharge based on a qualifying disability determination by the VA:*

If you are a veteran who is granted a **discharge** based on a determination that you are totally and permanently disabled as described in item **(2)** of the definition of “total and permanent disability” in Section 5 of this application, you are not eligible to receive future loans under the Direct Loan Program or future TEACH Grants, unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity; 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.

### *For all other individuals who receive a total and permanent disability discharge:*

If you are granted a **discharge** based on a determination that you are totally and permanently disabled in accordance with item **(1)** of the definition of “total and permanent disability” in Section 5 of this application, you are not eligible to receive future loans under the Direct Loan Program or future TEACH Grants, unless:

- You obtain a certification from a physician that you are able to engage in substantial gainful activity;
- 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; and
- If you request a Direct Loan Program loan or a new TEACH Grant within three years of the date that a previous loan or TEACH Grant was discharged, you resume payment on the previously discharged loan or acknowledge that you are once again subject to the terms of the TEACH Grant Agreement to Serve before receiving the new loan.

## SECTION 8: WHERE TO SEND THE COMPLETED DISCHARGE APPLICATION

Return the completed form and any documentation to:

U.S. Department of Education - TPD Servicing  
P.O. Box 87130  
Lincoln, NE 68501-7130  
Fax to: 303-696-5250  
Email to: [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)

If you need help completing this form, contact us:

Phone: 1-888-303-7818 (TTY: dial 771, then phone no.)  
Email: [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)  
Website: [www.disabilitydischarge.com](http://www.disabilitydischarge.com)

## SECTION 9: IMPORTANT NOTICES

**Privacy Act Notice.** The Privacy Act of 1974 (5 U.S.C. 552a) requires that the following notice be provided to you:

The authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., §461, or §420L of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., 20 U.S.C. 1087aa et seq., or 20 U.S.C. 1070g et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Direct Loan, FFEL, Perkins Loan, or TEACH Grant program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, Federal Perkins Loan or TEACH Grant Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0065. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b).

If you have comments or concerns regarding the status of your individual submission of this form, please contact the U.S. Department of Education directly (see Section 6).