

2023-2024 Total and Permanent Disability Statement

You have either 1) indicated that you will apply for a Total and Permanent Disability (TPD) discharge, (2) applied for a TPD discharge, or (3) have received a TPD discharge. If you receive a new Title IV loan, it may affect your eligibility for discharge or may cause your loan obligation to be reinstated. If you have already received a TPD discharge, you must meet additional student eligibility criteria before receiving additional Title IV loans.

Please carefully read the information below:

- If you have applied for or are in the process of applying for a TPD discharge, but the application has neither been approved nor rejected, any disbursements of a Title IV loan that is made may cause your application for TPD discharge to be suspended until the disbursement is returned or may cause your TPD application to be rejected. Contact the TPD Servicer for specific information on the status of your application and guidance on the impact that receiving Title IV loans have on your TPD application.
- If you have received a TPD discharge, you are not eligible to receive further Title IV loans unless you provide:
 1. A signed 2023-2024 Total and Permanent Disability Physician Statement form, signed by your physician, certifying that you can engage in substantial gainful activity; and
 2. A signed 2023-2024 Total and Permanent Disability Student Acknowledgment Statement form, signed by the student, acknowledging that the new Title IV loan obligation cannot be discharged in the future based on any impairment present when the new loan is made, unless that impairment substantially deteriorates so you are once again totally and permanently disabled.

This requirement applies to all students who received a TPD discharge, regardless of whether you were subject to a post-discharge monitoring period or whether you have completed your post-discharge monitoring period (if any).

If you have been granted a TPD discharge and the discharge was granted based on a physician's certification or documentation from the Social Security Administration, you are subject to a post-discharge monitoring period that starts on the date that the U.S. Department of Education granted the discharge. During this period, the receipt of a new Title IV loan or a subsequent disbursement of a Title IV loan that was initially received prior to the date that the Department granted by the discharge, may cause your obligation to repay the Title IV loan(s) to be reinstated. Note that if you received a TPD discharge based on documentation from the Veterans Administration (VA), you are not subject to a post-discharge monitoring period.

Please contact your TPD Servicer for specific information on the status of your TPD discharge.

Instructions:

- **If you ARE pursuing a new Federal Direct Loan, please complete TPD Forms 1 and 2.**
- **If you are NOT pursuing a new Federal Direct Loan, please complete Form 3.**

TPD Form 1

2023-2024 Total and Permanent Disability Physician Statement

STUDENT NAME: _____ SUNY NEW PALTZ ID#: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

Physician Certification (CHECK ONLY ONE):

_____ I cannot certify that the above named student is able to engage in substantial gainful activity*.

_____ I certify the impairment of the patient (whose information is listed above) has improved sufficiently to allow the patient/borrower to engage in substantial gainful activity.* Substantial gainful activity is defined as a level of work performed for pay that involves doing significant physical or mental activities, or a combination of both.

The patient/borrower regained the ability to engage in substantial gainful activity as of:
Month / Day/ Year

I am a doctor of (check one): Medicine Osteopathy

(Please note: By directive of the US. Department of Education, the necessary certification must be provided by either a physician who is a Doctor of Medicine (DM) or a Doctor of Osteopathy (DO) and who is legally authorized to practice in a state.)

PHYSICIAN'S NAME: _____

LICENSE #: _____ STATE OF LICENSE: _____

OFFICE ADDRESS: _____ OFFICE PHONE: _____

PHYSICIAN'S SIGNATURE: _____ DATE: _____

*Information Notes per Federal Student Aid Handbook Volume 1, Chapter 3**

- *If a physician's certification does not appear to support the status, the school should contact the physician for clarification.*
- *The phrase substantial gainful activity generally describes a situation in which a borrower is sufficiently physically recovered and capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.*

*** Signed and completed forms should be emailed to: FAO@newpaltz.edu ***

TPD Form 2

2023-2024 Total & Permanent Disability Student Acknowledgment Statement

STUDENT NAME: _____ NEW PALTZ ID #: _____

EMAIL: _____ PHONE: _____

Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)

Student Acknowledgement (Please read and initial):

_____ I acknowledge I previously had Title IV student loan(s) canceled due to total and permanent disability*. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan I am now applying for and may receive, and any subsequent student loan(s) unless my physician certifies the impairment has substantially deteriorated to the point of total and permanent disability*

_____ I acknowledge that if I accept any new Title IV loan(s) my obligation(s) cannot be discharged in the future based on any impairment present when the new loan or is made, unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.

Please Read Carefully: Per federal regulations, a borrower acknowledgment form must be collected from a student each time the student requests a new loan. By signing this form, you affirm that all information on this form and any attachments are complete and accurate to the best of your knowledge. If requested, you agree to provide documentation to support the information you have provided.

I understand that if I purposely give false or misleading information on this form it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United State Criminal Code and disciplinary actions by SUNY New Paltz. If I have any questions or concerns, I will contact the SUNY New Paltz Office of Student Financial Services immediately.

This form must contain an original signature.

STUDENT SIGNATURE: _____ DATE: _____

***** Signed and completed forms should be emailed to: FAO@newpaltz.edu *****