

TPD Form 3

2024-2025 Total & Permanent Disability Student Acknowledgement Statement

Only complete and submit this form if you are **NOT PURSUING** a new Federal Direct Loan Disbursement after you have received a total and permanent disability discharge.

STUDENT NAME:	NEW PALTZ ID #:
EMAIL:	PHONE #:
	is defined as the condition of an individual who is unable to work ol because of an injury or illness that is expected to continue 34 CFR 682.200(b)*
Student Acknowledgement (Please read and initial)
I acknowledge I prev permanent disability. *	riously had Title IV federal student loan(s) canceled due to total and
academic year and I	AM NOT pursuing any new Title IV federal loans for the current understand I cannot be offered any Title IV federal loans for the ar unless I submit required documentation.
	may have to submit the either this form or the TD&P Certification year in order to pursue or not pursue Direct Loan eligibility.
attachments are complete and a documentation to support the purposely give false or misleadi withdrawal, and/or repayment a under provisions of the United S	ning this form, I affirm that all information on this form and any ccurate to the best of my knowledge. If requested, I agree to provide information I have provided on this form. I understand that if I ng information on this form it may be cause for denial, reduction, of financial aid, and I may be subject to a fine, imprisonment, or both, itate Criminal Code and disciplinary actions by SUNY New Paltz. If I will contact the SUNY New Paltz Office of Student Financial Services
This form must contain an or	iginal signature.
STUDENT SIGNATURE (original):	DATE: