



UNIVERSITY OF ARKANSAS PULASKI TECH

ELIGIBILITY CERTIFICATION FORM CONDITIONAL OR PERMANENT DISCHARGE

This document is necessary to expedite the processing of your student loan application. UA - Pulaski Technical College's records indicate that you have received or are applying for a conditional or permanent discharge of a prior loan due to a determination that you are totally or permanently disabled. This form must be completed before you may obtain additional loan funds from the Direct Student Loan Program. A Physician Certification must be completed by your attending physician and retained in your financial aid file before any new loans will be awarded. We encourage you to contact the U.S. Department of Education Total and Permanent Disability (TPD) Discharge department at **1-888-303-7818 prior to completing this form**. They can advise as to how receiving a new loan may affect your conditional or permanent discharge.

You can also view important information at <https://www.disabilitydischarge.com/Monitoring-Period/>.

TO BE COMPLETE BY BORROWER

Borrower Social Security Number

Borrower Name

Address

City

State

Zip Code

Date discharge granted

Please check the appropriate box:

☐

I want to take out a new loan. I acknowledge that any new loan may not be discharged for the same reason that a previous loan was discharged unless the disabling condition substantially deteriorates so that I am again totally and permanently disabled.

☐

I do NOT want student loans. (if checked, the attached physician's certification is not needed)

Borrower's Signature

Date

*By signing, I acknowledge I have been informed to contact 1-888-303-7818 or visit

<https://www.disabilitydischarge.com/Monitoring-Period/> to know how a new loan may affect my current discharge status and/or application for permanent discharge.

Office use only:

Physician certification on file: Yes

No

date received: _____



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PHYSICIANS CERTIFICATION

ELIGIBILITY CERTIFICATION FORM CONDITIONAL OR PERMANENT LOAN DISCHARGE

Instructions: Complete the top section. Your attending physician must complete the bottom section. This form must be on file with the financial aid office before new loans will be awarded. YOU ONLY NEED TO COMPLETE THIS FORM IF YOU WANT NEW LOANS AWARDED TO YOU.

TO BE COMPLETE BY BORROWER

Borrower Social Security Number

Borrower Name

Street Address

City

State

Zip Code

TO BE COMPLETED BY ATTENDING PHYSICIAN

Physician Name

Area Code-Telephone Number

Address

City

State

Zip Code

My signature will serve as verification that the condition of the above-named patient has improved to a point where he/she now has the ability to engage in substantial gainful activity. Substantial gainful activity is defined as an ability to work and earn money. This certification is being requested so that this individual may re-establish eligibility for future Direct Federal Student Loans.

I am a (check one) ___ **doctor of medicine** ___ **doctor of osteopathy** legally authorized to practice in the state of _____ and my professional license number issued by that state is _____.

Physician's Signature

Name (printed)

Date

Address

City, State, Zip

Area Code-Telephone Number