FROSTBURG
STATE UNIVERSITY

Office of Financial Aid
2026-2027
Total & Permanent Disability Form

The U.S. Department of Education has informed us that you have either: (1) indicated that you will apply for a Total and Permanent Disability (TPD) discharge, (2) applied for a TPD discharge, (3) or have received a TPD discharge. **If you receive a Federal Direct Loan or Federal TEACH Grant, it may affect your eligibility for a discharge or may cause your loan or grant obligation to be reinstated.**

A. Student Information (Please Print)

Student Name: _____ **Birth Date**_____

Address: _____ **Phone:** _____

_____ **FSU ID:** _____

B. Financial Aid Information

You can go back to school and get a new Direct Loan or TEACH Grant after getting a TPD discharge. But to do so, you must do the following:

1. Submit a certification letter from a **Doctor of Medicine or Doctor of Osteopathy/Osteopathic Medicine stating that you are once again able to engage in "*substantial gainful activity*."** For Title IV aid purposes, the phrase "*substantial gainful activity*" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. **If you are applying for student loans, the described doctor certification letter must be submitted to FSU along with this form to be processed for financial aid.**

2. If you are requesting student loans, you must sign below that you are acknowledging that the new student loan, or Federal TEACH Grant service obligation, cannot later be discharged for any present impairment, unless the condition substantially deteriorates to the extent that the definition of total and permanent disability is met again.

C. Certification and Signature *(blue/black ink only, no electronic signatures)*

By signing this form, you certify that all the information contained within is complete and correct, and that you understand that the submission of this form is not a guarantee of financial aid. If you are requesting student loans, your signature below certifies that you have understood the information listed above.

OFFICE USE ONLY

_____ _____ _____
(Student Signature) *(Date)* *(FSU ID)*

Office of Student Financial Aid
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www.frostburg.edu/admissions-and-cost/financial-aid/