

If you need assistance completing this form, please contact us at 817-272-3561.



University of Texas at Arlington

Office of Financial Aid

Office Use Only

2024-2025

Verification of Loan Discharge and Disability

Office: UAB, Room 252 Phone: 817-272-3561 Fax: 817-272-3555
Mail: PO Box 19199, Arlington, TX 76019 Email: fao@uta.edu
PLEASE DO NOT SUBMIT SENSITIVE PERSONAL INFORMATION VIA EMAIL

Borrower's Name:	UTA ID:
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The U.S. Department of Education's records indicate that you have one or more student loans and/or TEACH Grants discharged due to Total and Permanent Disability (TPD). If you are within the 3-year post-discharge monitoring period or conditional discharge period, your ability to obtain a new student loan may be limited and will require the submission of several pieces of documentation before the UTA Office of Financial Aid can determine your eligibility for additional federal loan funds.

Please check the appropriate box indicating your desire for additional federal student loan funds:

I **DO NOT** want to be considered for federal student loan funds as confirmed by my signature below. (Return this signed form to the UTA Office of Financial Aid - no additional action is required.)

Signature

Date

I **DO** want to be considered for federal student loan funds. I am including the following documentation (1, 2, and 3) as required for additional loan consideration:

1. A letter from the U.S. Department of Education or authorized loan servicer confirming that my previous loans were discharged due to Total and Permanent Disability (TPD) **AND** which indicates that I am currently in a post-discharge or conditional discharge monitoring period. **Each letter must include the beginning and ending dates of the monitoring period and be dated within the past 30 days when submitted to the UTA Office of Financial Aid.**
2. The signed borrower statement below stating that I understand that any new student loans received after my previous Total and Permanent Disability (TPD) discharge cannot be discharged for any present impairment.

Borrower's Statement

I acknowledge by signing this statement that:

- A new loan cannot be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanently disabled.
- If any prior loan and/or TEACH Grant was (1) conditionally discharged on or after July 1, 2010 and the three-year period has not yet elapsed, or (2) was discharged after July 1, 2010 and I am in a post-discharge monitoring period and the three-year period has not yet elapsed, I understand that collection must resume on the prior loan and/or TEACH Grant prior to my receiving a new loan or TEACH Grant funds.
- If a defaulted loan was discharged and then reaffirmed, or was conditionally discharged and payment resumed on it, I understand that I must make satisfactory repayment arrangements on the defaulted loan before I receive a new loan and/or TEACH Grant funds.
- I authorize the release of pertinent information to my schools, lenders, guarantor, subsequent holder, the U.S. Department of Education, and/or their agents.

Signature

Date

3. The physician's certification below signed by a qualified physician stating that I have the ability to engage in substantial gainful employment.

Physician's Certification

The above referenced borrower was previously classified as totally and permanently disabled and received a discharge of their student loans and/or TEACH Grant as a result of this classification. The borrower is requesting additional financial aid from the Federal Direct Stafford Loan Program and/or Federal TEACH Grant Program.

Please respond to the following question and complete the requested information as required by the U.S. Department of Education. The signed borrower statement above authorizes you to release this information.

Is the above referenced borrower totally and permanently disabled* and therefore, unable to engage in substantial gainful activity**? Yes No

Please explain (attach an additional sheet if needed): _____

Physician's Name: _____ License #: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Physician's Signature (M.D. or D.O.)

Date

* Totally and permanently disabled is the condition of an individual who:

- is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, has lasted for a continuous period of at least 60 months, or can be expected to last for a continuous period of at least 60 months; OR
- has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

** The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking.

Please return this form to:

**University of Texas at Arlington, Office of Financial Aid, Box 19199, 701 S Nedderman Dr. Suite 252, Arlington, TX 76019
FAX (817) 272-3555, EMAIL: fao@uta.edu**

You may be entitled to know what information The University of Texas at Arlington (UT Arlington) collects concerning you. You may review and have UT Arlington correct this information according to procedures set forth in UTS 139. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.