2023-2024 Disability Discharge Borrowers Acknowledgement

This form is used when the National Student Loan Data System (NSLDS) indicates that you have a total and permanent disability (TPD) discharge for one or more of your federal student loans and/or Teacher Education Assistance for College and Higher Education (TEACH) Grant Service obligation. To re-establish eligibility, complete this form, add the required signature(s) in black or blue ink. If you have questions, contact the JC Office of Financial Aid at 517-796-8410.

Student Name: _________________________________   JC ID: ______________________
(Printed)

Email Address: _________________________________   Phone Number: _____________________

The U.S. Department of Education has granted a TPD discharge of your federal student loan(s) and/or TEACH Grant service obligation, you are not eligible to receive new federal loans and/or TEACH Grant in the future unless you re-establish your eligibility.

☐ I do not intend to borrow a federal student loan and/or pursue a TEACH Grant
☐ I do intend to borrow a federal student loan and/or pursue a TEACH Grant.
   o I will submit a Physician Certification to verify my eligibility.
   o I have a Physician Certification on file from a prior year.

Under the current TPD discharge regulations, individuals who receive a TPD discharge based on a Physician’s Certification will be subject to a 3-year-post-discharge monitoring period that begins on the date the U.S. Department of Education grants a discharge. This requirement will also apply to individuals who receive a discharge based on qualifying documentation from the Social Security Administration. If you request a federal student loan and/or TEACH Grant during your 3-year monitoring period, you will have your discharged federal student loan(s) and/or TEACH Grant service obligation reinstated.

Under the current TPD discharge regulations, veterans who qualify for TPD discharge based on a Veterans Administration determination of employability due to a service-connected disability will not be subject to a post-discharge monitoring period.

By signing this form, I acknowledge that I have previously received a TPD discharge for federal student loan(s) and/or TEACH Grant service obligation. I clearly understand that any additional federal student loan(s) and/or TEACH Grant that I receive must be repaid in full and cannot be cancelled in the future on the basis of any impairment present when the new loans/grants are made unless that impairment substantially deteriorates as determined by my physician.

_________________________________________________           _____________________
Student’s Signature        Date