

# Total and Permanent Disability Discharge 2024-2025

STUDENT NAME \_\_\_\_\_ KENT STATE ID NUMBER \_\_\_\_\_ Date \_\_\_\_\_

The National Student Loan Data System indicates that you have had federal student loans discharged (canceled/forgiven) due to total and permanent disability. To be considered for additional federal student loans or TEACH grants, you must complete the following form. You **DO NOT** need to complete this form unless you want to borrow new federal student loans or TEACH grants. You will be offered your other financial aid eligibility including Pell grant, FSEOG, FWS and state-based aid without this form. You are required to complete this review annually, with each new FAFSA application, as required by federal regulations.

**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 a physician’s certification does not appear to support this status, the school will contact the physician for clarification.

## Borrower Acknowledgment

By signing, I acknowledge and agree that any future federal student loans that I obtain under the Higher Education Act of 1965, as amended, cannot be canceled, or forgiven on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

\_\_\_\_\_  
Student Signature (Do not sign electronically) \_\_\_\_\_ Date \_\_\_\_\_

## Physician’s Certification

I certify that \_\_\_\_\_ (print student name), is able to engage in “substantial gainful activity”, as defined above, such as working or attending school.

\_\_\_\_\_  
Signature of Physician\* (Do not sign electronically) \_\_\_\_\_ Date \_\_\_\_\_

**Please print or type the following information:**

\_\_\_\_\_  
Physician’s name \_\_\_\_\_ License Number \_\_\_\_\_

\_\_\_\_\_  
Physician’s street address \_\_\_\_\_ City State Zip \_\_\_\_\_

\_\_\_\_\_  
Physician’s phone number \_\_\_\_\_

\*This needs to be either a MD or DO. The U.S. Department of Education (ED) requires the necessary certification must be provided by a physician who is a Doctor of Medicine (DM) or a Doctor of Osteopathy (DO) and who is legally authorized to practice in a state.

Warning: Any person who knowingly makes a false statement of misrepresentation on this form shall be subject to penalties, which may include fines or imprisonment under the United States Criminal Code.

*In order to expedite the processing of your documents sent to the One Stop, we encourage you to fax (330-672-6001) or submit documents via the ‘Contact Us’ form on the One Stop website [www.kent.edu/onestop](http://www.kent.edu/onestop)*

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