



2021-2022 Total and Permanent Disability Statement

Student Name: _____ WSCC ID: _____ DOB: ____/____/____

WSCC Email: _____ Phone # (_____) _____

Instructions

The National Student Loan Data System (NSLDS), <https://nslds.ed.gov/>, indicates that you have one or more federal student loans discharged due to total and permanent disability or are currently in the process of applying for Total and Permanent Disability (TPD) discharge. Our office must clarify whether or not you want additional loan consideration. Return completed form to our office.

To Be Completed by Student

Student Loan Information - Please Initial by **ONE** of the Following that best describes your intent:

1. _____ I do **NOT** wish to take out Federal Student Loans for 2021-2022.
 - You will be considered for other types of federal assistance, but not federal student loans
2. _____ I want to be considered for Federal Student Loans for 2021-2022.
 - Student must Complete Student/Borrower Certification Statement
 - Your physician must complete the Physician's Certification Statement

Student/Borrower Certification and Signature

I understand that neither any new loan(s) nor conditionally discharged loan(s) can be discharged on the basis of any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Student/Borrower Signature (electronic signature not accepted)

Date

Physician's Certification Statement

I certify that my patient (the student identified on this form) has a total and permanent disability condition that has improved and the student has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician Name (print)	Phone Number
Office Address	License Number & Specialty
Physician Signature	Date

RETURN THIS FORM: Completed forms and documents may be dropped off in person at the WSCC Student One Stop.
Or, fax 740.376.0257, scan & email finaid@wscce.edu or mail 710 Colegate Dr., Marietta, OH 45750.

OFFICE USE ONLY: ___ Approved ___ Incomplete ___ Denied FAO Signature & Date: _____