



## 2022-2023 Total and Permanent Disability Statement

Student Name: \_\_\_\_\_ WSCC ID: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

WSCC Email: \_\_\_\_\_ Phone # (        ) \_\_\_\_\_

### Instructions

The National Student Loan Data System (NSLDS) 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 view your financial aid history, including federal student loans, visit <https://Studentaid.gov>

### 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 2022-2023.
  - 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 2022-2023.
  - Student must Complete Student/Borrower Certification Statement
  - Your physician must complete the Physician’s Certification Statement

### Student/Borrower Certification and Signature

*I realize that any new Federal student loan(s) for which I apply cannot be cancelled in the future based on my present impairment unless my condition substantially deteriorates subsequent to receiving additional loans.*

\_\_\_\_\_  
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.*

<i>Physician Name (print)</i>	<i>Phone Number</i>
<i>Office Address</i>	<i>License Number &amp; Specialty</i>
<i>Physician Signature</i>	<i>Date</i>

*WARNING – If you purposely give misleading or false information on this form, you may be fined, sentenced to jail, or both.*

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@wscc.edu](mailto:finaid@wscc.edu) or mail 710 Colegate Dr., Marietta, OH 45750.

OFFICE USE ONLY: \_\_\_\_ Approved    \_\_\_\_ Incomplete    \_\_\_\_ Denied    FAO Signature & Date: \_\_\_\_\_