Bronx Campus
Office of Student Financial Services
2501 Jerome Avenue
Bronx, NY 10468
Phone: (646) 393-8400
Fax: (718) 817-8401

New Rochelle Campus
Office of Student Financial Services
434 Main Street
New Rochelle, NY 10801
Phone: (914) 740-6849
Fax: (914) 813-1275

Student Total and Permanent Disability (TPD) / Veteran Discharge Acknowledgment

Award Year: 2026–2027

Student Name: _____

Student ID: _____

Your Institutional Student Information Record (ISIR) indicates that you previously had one or more federal student loans or TEACH Grants discharged due to a Total and Permanent Disability (TPD) or a U.S. Department of Veterans Affairs (VA) disability determination.

Because you are applying for a new William D. Ford Federal Direct Loan, federal regulations require you to sign this acknowledgment before any new loan funds can be certified or disbursed.

Borrower Certification & Agreement

By signing below, I certify and agree to the following statements:

- I am applying for a new Federal Direct Loan or TEACH Grant.
- I acknowledge that any new Federal Direct Loan or TEACH Grant I receive cannot be discharged in the future on the basis of any impairment present when this new loan/grant is made, unless that impairment substantially deteriorates to the point of a new total and permanent disability.
- I understand that I must also provide a signed statement from a licensed physician (M.D. or D.O.) certifying that I am able to engage in substantial gainful activity before my new loan can be approved.

Student Signature: _____

Date: _____

Note: Electronic signatures must meet federal compliance standards. Typed signatures are not acceptable.

Parent Borrower Certification — Direct PLUS Loan (Dependent Students Only)

Complete this section only if a parent will be borrowing a Federal Direct PLUS Loan on behalf of the student named above, and the parent's own ISIR/credit record reflects a prior TPD or VA disability discharge.

Parent Name: _____

Relationship to Student: _____

By signing below, I (the parent applicant) certify and agree to the following statements:

- I am applying for a new Federal Direct PLUS Loan on behalf of the student named above.
- I acknowledge that any new Direct PLUS Loan I receive cannot be discharged in the future on the basis of any impairment present when this new loan is made, unless that impairment substantially deteriorates to the point of a new total and permanent disability.
- I understand that I must also provide a signed statement from a licensed physician (M.D. or D.O.) certifying that I am able to engage in substantial gainful activity before my new PLUS Loan can be approved.

Parent Signature: _____

Date: _____

Note: Electronic signatures must meet federal compliance standards. Typed signatures are not acceptable.

For Office Use Only

Received by:	Date received: