

2025-26 Total and Permanent Disability Form

Borrower's Acknowledgement of Ineligibility for Cancellation of Loan

Who Must Submit This Form

A borrower (1) whom the National Student Loan Data System (NSLDS) indicates has one or more student loans discharged because of a total and permanent disability, and (2) who previously submitted a Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity form must submit this form. The form must be submitted before they can receive additional federal student loans. A Borrowers Acknowledgment of Ineligibility for Cancellation of Loans must be completed each time the borrower receives a new loan.

General Information

This form is used to obtain a physician's certification and a borrower's acknowledgment. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under the Direct Loan program.

Definition of Total and Permanent Disability

If you have a total and permanent disability, this means that: (1) you are unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death, or that has lasted for a continuous period of not less than 60 months, or that can be expected to last for a continuous period of not less than 60 months; OR (2) you are a veteran who has been determined by the VA to be unemployable due to a service-connected disability. Except for certain VA or SSA determinations as explained elsewhere on this form, a disability determination by another federal or state agency does not establish your eligibility for a discharge of your loan(s) and/or TEACH Grant service obligation due to a total and permanent disability.

This definition calls for judgment decision by a physician (a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in their state) as to the borrower's ability to earn income despite their disability. If the disability appears to have a significant adverse effect the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition.

Student Information

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

It is recommended that you keep a copy of this and all other financial aid forms for your records. By submitting this form you are acknowledging that you have contacted your loan servicer(s) and understand how receiving a new loan will impact prior loans and/or the status of your Total and Permanent Disability or VA Disability claims.

TO BE COMPLETED BY BORROWER. Please Print.				
1. Name of borrower (First, Middle Initial, Last)			2. Borrower's Student ID #	
3. Address	City	State	Zip Code	4. Telephone Number
By signing this form, I acknowledged that hereafter any loans I receive cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.				
5. Signature			6. Date	

Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

Physician Instructions

- You may complete this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.
- You are being asked to complete, sign and date this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the box [✓] beside the statement applicable to the borrower's condition.

1. Physician's Certification (Check one)

- ☐ I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.
- ☐ In my professional medical judgment of the patient/borrower named above, I **cannot** certify that they are able to engage in substantial gainful activity and can attend school.

TO BE COMPLETED BY PHYSICIAN. Please Print.				
2. Date borrower became able to work and earn wages (MM/DD/YYYY)			3. I am legally authorized to practice in the state of:	
3. Address	City	State	Zip Code	4. Telephone Number
5. Physician's license number				
6. Signature of physician (M.D. or D.O.)			7. Date	

Please return this completed form to:

Schoolcraft College
Attn: Office of Financial Aid
18600 Haggerty Road
Livonia, MI 48152