



Total and Permanent Disability 2020-2021

Financial Aid Office
Phone: (208) 524-3000
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Fax: (208) 525-7026
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	Phone Number

You are currently in the process of applying for or have already received a Total and Permanent Disability (TPD) discharge. If you are in the process of applying for a TPD discharge, receiving additional federal student aid may affect your eligibility for a TPD discharge. If you have already received a TPD discharge, you must meet additional federal requirements to receive further financial aid. Depending on when you received a TPD discharge, receiving additional federal student aid may affect your ability to keep your discharge.

Students may contact the Department's TPD Servicer Nelnet at 1-888-303-7818. disabilityinformation@nelnet.net

The Department of Education has determined that you have had federal student loans discharged due to a total and permanent disability. This discharge limits your eligibility for additional student financial aid. Federal financial aid includes grants, loans, and work-study funding. Please review and complete this form to determine your eligibility for financial aid. The Financial Aid Office has the right to request additional documentation upon review of this request.

Check one appropriate box below:

I **do not** want to be considered for any federal student loans. I am requesting grants and/or work-study funds. I will only accept grants and/or work-study funds.

I want to be considered for federal student loans and I will provide the following:

- A statement from a legally licensed physician stating that my condition has improved and that I have the ability engage in a substantial gainful activity. Attach the statement to this form.
- Provide a written statement in your own words that you (name), acknowledge that the new Title IV Loan cannot be discharged in the future on the basis of any impairment present when the new loan is made and disbursed, unless that impairment substantially deteriorates to the extent that you (name), have met the definition of totally and permanently disabled.

Certifications and Signatures

Each person signing this form certifies that all of the information reported is complete and correct. The student whose information was reported on the FAFSA must sign and date.

I understand that if I request a new loan during the 3-year post discharge monitoring period or the conditional discharge period, I must resume payment on the old loan and provide proof of payment, before receipt of the new loan request. If my loan is in default upon reinstatement I must make satisfactory repayment arrangements before I can receive a new loan.

Student Signature: _____ **Date:** _____

WARNING: If you purposely provide false or misleading information, you may be subject to a fine, imprisonment, or both.

Financial Aid Office Use Only	Received By :	Date Received:	Documentation Received <input type="checkbox"/>
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Awarded: <input type="checkbox"/>	Date:	Email Notification <input type="checkbox"/> Processed By:
Comments:			