



Total and Permanent Disability 2025-2026

Financial Aid Office
Phone: (208) 524-3000 Opt. 7
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1600 S. 25th E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	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. To register go to <https://secure.disabilitydischarge.com/Registration>
For more information about TPD to go <https://disabilitydischarge.com/tpd-101>
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 licensed medical professional that I am able to engage in substantial gainful activity; and
- A signed statement acknowledging that the new Title IV Loan cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

Acknowledgement: ☐ 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.

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.

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: _____	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: _____		