



## Total and Permanent Disability 2026-2027

**Financial Aid Office**  
 Phone: (208) 524-3000 option 7  
 Toll Free: 1-800-662-0261  
 Fax: (208) 525-7026  
[financial.aid@cei.edu](mailto:financial.aid@cei.edu)

1600 S. 25<sup>th</sup> E. Idaho Falls, Idaho 83404

First Name	Last Name	Student ID	SSN	Phone Number

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. If you have already received a TPD discharge, you must meet additional federal requirements to receive further financial aid. Depending on when you receive a TPD discharge, receiving additional federal student aid may affect your ability to keep your discharge.

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.

For more information about TPD go to: <https://studentaid.gov/manage-loans/forgiveness-cancellation/disability-discharge>  
 Students may contact the Department's TPD Servicer Nelnet at 1-888-303-7818. [disabilityinformation@nelnet.net](mailto:disabilityinformation@nelnet.net)

**Acknowledgement:**  I understand that if I receive a new student loan under the Direct Loan Program during the three-year post-discharge monitoring period after your discharge, I will lose my TPD discharge and have my discharged loans reinstated (repayment resumes). That means I will again be required to pay back my loans.

**Check the 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:

1. A letter from a doctor of medicine or doctor of osteopathy/osteopathic medicine stating that I am once again able to engage in substantial gainful activity.

**AND**

2. A signed statement, in my own words, that I am aware that I cannot get a TPD discharge of the new loan based on a disabling condition I already have unless that condition significantly deteriorates in the future.

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**Certifications and Signatures**

Each person signing below certifies that all of the verification documents submitted with this certification are 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.**

<b>Financial Aid Office Use Only</b>	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: _____			