

2025-2026 BORROWER ACKNOWLEDGEMENT STATEMENT TOTAL AND PERMANENT DISABILITY DISCHARGE

Deadline: Fall/Spring: Friday, May 15, 2026 Summer: Thursday, June 4, 2026

| STUDENT INFORMATION | | | | |
|---------------------|--|---------------|--|--|
| COM ID# | | Last Name | | |
| Date of Birth | | First Name | | |
| Phone Number | | Student Email | | |

PURPOSE

The National Student Loan Data System (NSLDS) reported that you have one or more Federal Direct Student Loan(s) discharged due to a Total and Permanent Disability. This form **MUST** be completed and requested documentation returned to the Office of Enrollment Services before your financial aid eligibility can be determined. If an individual whose prior loan obligation was discharged due to a total and permanent disability later wishes to take out a new Direct Loan or TEACH grant, they must:

- Obtain a certification from a physician (who must be a Doctor of Medicine or osteopathy licensed to practice in the U.S.) that they have the ability to engage in substantial gainful activity, and
- Sign a statement acknowledging that the new loan or the TEACH Grant service obligation can't later be
 discharged for any present impairment unless it deteriorates so that the individual is again totally and
 permanently disabled.

PHYSICIANS CERTIFICATION INFORMATION (REQUIRED) Please check the following: A signed certification from my physician stating my ability to engage in "substantial gainful activity" is attached I have previously submitted a signed certification from my physician Please provide the following: Physician Name:_______ Physician Status: Doctor of Medicine Osteopathy Physician Phone Number ()______ physician email:_______



ADDITIONAL INFORMATION

A Total and Permanent Disability (TPD) means that you are unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; can be expected to last for a continuous period of at least 60 months; or has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

If a borrower whose prior loan was discharged due to a total and permanent disability wishes to borrow another federal student loan, he/she must obtain a physician's certification that he/she has the ability to engage in substantial gainful activity, and must sign a borrower statement acknowledging that the new loan cannot later be discharged for any present impairment unless it deteriorates so that he/she is again totally and permanently disabled.

The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both. If a physician's certification does not appear to support this status, the school should contact the physician for clarification.

Borrowers whose previous federal student loans were discharged are monitored by the U. S. Department of Education (ED) for three years. If the borrower fails to meet certain eligibility requirements throughout the monitoring period, ED reinstates the borrower's obligation to repay the discharged loan/s. If a loan on which repayment obligation is reinstated was in default status at the time of discharge, it remains in default upon reinstatement, and the student must make satisfactory repayment arrangements before receiving the new loan. The student must sign a new acknowledgment form for each new loan received while attending College of Marin. A physician's certification is **required only once** before a student may borrow new federal loans after a disability discharge. The school will maintain this certification in the student's file.

BORROWERS ACKNOWLEDGEMENT (REQUIRED)

| By signing this document, I acknowledge that any new Federa for cannot be discharged in the future for any present impair again totally and permanently disabled. I am also aware that I Student Loan, I must obtain a physician's certification stating activity." I certify that the information given on this form is tree. | ment unless it deteriorates so that I am before I can receive any Federal Direct that I can engage in "substantial gainful |
|--|--|
| Student Signature (required) | Date |