



**2026-2027**  
**Disability Certification Form**

9

Student Name

MSU Net ID

MSU ID (9 digit)

Our office has received information from the National Student Loan Data System (NSLDS) indicating that you have one or more student loans that have been discharged due to **Total and Permanent Disability**. If you wish to be considered for federal aid (grants, loans, or federal work-study), you will need to complete and return this form to the Department of Student Financial Aid. To view your current student loan history, please visit [www.studentaid.gov](http://www.studentaid.gov).

**Part I: STUDENT CERTIFICATION STATEMENT – To be completed by student**

I acknowledge that any additional loans I receive from the federal loan programs must be repaid and cannot be later discharged for any present impairment unless my condition substantially deteriorates to the extent that the definition of the total and permanent disability is met again (as determined by my physician). Obtaining a new student loan may or may not reinstate any federal loans previously discharged due to total and permanent disability; this decision is made at the discretion of my federal loan servicer. Additionally, I agree to reaffirm any previously discharged loans if I am still in the post-discharge monitoring period (3 years from the date of discharge). **I understand that I must complete this form each time I receive a new loan.**

**I also acknowledge that I must provide a signed certification from my physician that I have the ability to engage in substantial gainful activity.** I understand that I will only need to provide the physician's certification if this is the first time I am receiving a Federal Direct Loan or receive a TEACH Grant at MSU following my Total and Permanent Disability discharge.

**I certify that all the information reported on it is complete and correct.** Warning: If you purposely give false or misleading information on this worksheet, you may be fined, sentenced to jail, or both. ***\*\*Pen to paper, handwritten signature ONLY. No electronic signatures\*\****

**Student's Signature:**

**Student Phone Number:**

**Date Student Signed:**

**Part II: PHYSICIAN CERTIFICATION STATEMENT – To be completed by licensed physician**

The above referenced borrower was previously classified as Total and Permanently Disabled and received a discharge of their student loans as a result of this classification. The borrower is now requesting additional Federal financial aid.

I certify that in my professional medical judgment, that the patient/borrower named above, condition has improved and that they are able to engage in substantial gainful activity, which includes: **(1) capability of attending school and completing the program, (2) and of securing employment in order to repay the new loan.**

**Physician's Signature:**

**Physician's Printed Name:**

**Physician's Specialty:**

**Date Physician Signed:**

**Office Address (City/State/Zip):**

**Physician Office Number:**