



Office of Financial Aid and Veteran Services  
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2025-2026

# Total Permanent Disability (TPD) Statement

**Forms can be submitted by mail, fax (217/373-3807), or delivered in person.  
 To ensure your privacy, DO NOT submit forms through email.**

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Student's ID Number

The U.S. Department of Education informed us that you are currently in the process of applying for or have received a Total and Permanent Disability (TPD) discharge. Receiving additional federal student loans may affect your eligibility for a TPD discharge or may affect your ability to keep your discharge. Before we can evaluate your eligibility for financial aid, you will need to complete and submit this form to the Financial Aid and Veteran Services Office for processing.

**Please complete either Option A or B based on what is most applicable.**

A)  
 I am not requesting a new Federal Direct Student Loan.

B)  
 I am requesting a new Federal Direct Student Loan and have signed the student acknowledgement below and have had my physician complete the statement located on page 2.

Your physician must complete the statement located on page 2. This statement must be from a physician who is a doctor of medicine or osteopathy licensed to practice in the U.S. and must state that you are able to engage in substantial gainful activity (i.e., sufficiently recovered to be able to attend school, to successfully complete a program of study, and to secure employment in order to repay the Federal Direct Student Loan you are seeking).

You must complete the following acknowledgement every time you obtain a new loan with Parkland College:

I, \_\_\_\_\_ (print student name), understand that any new Title IV loan funding or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so that I am once again totally and permanently disabled.

Student Signature \_\_\_\_\_

**Physician Certification (to be completed by your physician)**

I certify the impairment of \_\_\_\_\_ has improved sufficiently to allow the borrower/patient to  
(Student name)  
engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to attend school, successfully complete a program of study, and secure employment in order to repay the new loan the patient/borrower is seeking.

The patient/borrower regained the ability to engage in substantially gainful activity as of:

\_\_\_\_\_  
Month / Day / Year

I am a doctor of (check one): \_\_\_\_\_ Medicine / \_\_\_\_\_ Osteopathy / \_\_\_\_\_ Other: \_\_\_\_\_

Physicians Name: \_\_\_\_\_ MD License # \_\_\_\_\_  
(print)

Physicians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

\*If physician certification does not appear to support the status, the school may contact the physician for clarification.

**Student Certification and Signatures**

I certify that all the information reported on this form is complete and correct.

\_\_\_\_\_  
Student Signature Date

**WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.**

**Handwritten signatures are required. Electronic signatures will not be accepted.**