

**Physician's Certification is on Page 2.

2023-2024 Certification for Renewed Direct Loan Eligibility

Student ID Number:		Email:	
Student's Full Legal Name: Please print clearly)	Last	, First	Middle
Re-establishing Fe	deral Loan Eligibility after ⁻	Total and Permanent Disability D	Determination
service obligation, you You obtain a co You sign a stat the basis of an	uvill not be eligible to receive a certification from a physician that you tement acknowledging that the never	ability (TPD) discharge of your federal new Direct Loan or TEACH Grant in to are able to engage in substantial gainful loan or TEACH Grant service obligation ne the new loan or TEACH Grant is made manently disabled.	he future unless: ul activity (on Page 2); and cannot be discharged in the future on
certification, and you remust resume repayme	equest a new Direct Loan or TE ent on the previously discharged	sed on Social Security Administration EACH Grant during your 3-year post-d d loans or acknowledge that you are o receive the new loan or TEACH Gran	ischarge monitoring period*, you nce again subject to the terms of
due to a service-conne discharged loan as a c	ected disability is not subject to	a determination from Veterans Affairs a monitoring period and is not require an. Student must still provide physicia n.	d to resume payment on the
Student Acknowled	dgement – Request for Fed	eral Loans	
that any federal studer disability unless that co again met. I acknowled	nt loan(s) I accept after my prevondition substantially deteriorat dge that collection activity will rean cannot be discharged, unless	Federal TEACH Grant for the 2023-202 vious disability loan discharge cannot be es to the extent that the definition of to esume on any loan that was conditions is the impairment substantially deterior	be discharged under the same otal and permanent disability is ally discharged in the last three
If I purposely give false o information is complete a		ceive a fine, a prison sentence, or both. By	y signing this form, I certify that all
Student's Signature	No electronic or typed signatures	D	ate

For the security of your personal information, the Virginia Tech Office of University Scholarships and Financial Aid does not accept completed forms sent via email. Please return completed forms to us via the document uploader, https://finaid.vt.edu/documentuploader.html, or by fax, 540-231-9139.



Physician Certification Section (MUST BE COMPLETED AND SIGNED BY A PHYSICIAN). Please type or print.

Patient's Name:	_ Date of Birth:
I, (print doctor's name)student for the disability referenced in the student's statement. I attest that the ability to engage in substantial gainful activity such as attending school	t the student's condition has improved to the extent that the student has
Physician's Signature (no stamps)	
Certified on this day of (month), (year) _	
Physician's Name (type or print):	
Street Address:	
City, State, Zip:	
Phone Number: ()	