



Division of Student Affairs  
Office of Financial Aid  
Email: [financialaiddocs@famuedu](mailto:financialaiddocs@famuedu)

Telephone: (850) 599-3730  
Fax: (850) 561-2730

### **2022-2023 Loan Discharged in Bankruptcy**

Information received from the Free Application for Federal Student Aid (FAFSA) indicates that you have had one or more student loans discharged through bankruptcy. Students having discharged student loans, or grant over-payments in a bankruptcy, are ineligible for Title IV aid until the default or overpayment is resolved.

To be eligible for Title IV aid, you must submit written documentation from the holder of the loan or grant over-payment indicating that you have made satisfactory arrangements to repay the loan or grant, or that it is paid in full.

Please turn in all documents, along with this form, to the Office of Financial Aid. Our hours of operation are Monday through Friday 8:30 a.m. to 4:00 p.m. You may also email your document(s) to [financialaiddocs@famuedu](mailto:financialaiddocs@famuedu) or fax to 850-561-2730. Should you have any questions regarding this issue, please call (850)599-3730.

**CERTIFICATION STATEMENT:** You must read and sign this statement. I certify that all of the information provided on this letter and on the attached documentation is accurate and complete.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## 2022-2023 Total & Permanent Disability (TPD) Discharge Eligibility Form

**Physician Section:** *Your completion of this section will fulfill this requirement.*

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the federal education loan programs. The U.S. Department of Education requires that a physician certify the following: place a

\_\_\_\_\_ that a borrower is once again able to engage in substantial gainful activity, i.e.,  
\_\_\_\_\_ the person is sufficiently recovered to be capable of attending schools  
\_\_\_\_\_ successfully completing program of study

Provide name of specific program of study: \_\_\_\_\_  
\_\_\_\_\_ and securing employment in order to repay the loan he/she is seeking.

A statement that your condition has improved and you have the ability to engage in “substantial gainful activity” 2. A reference to your specific program of study, and 3. Confirmation of your ability to secure employment in that field of study in order to repay the new loan

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Physician Name (Print):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_