



STATE OF TENNESSEE
TENNESSEE STUDENT ASSISTANCE CORPORATION
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**TITLE IV ELIGIBILITY FOR LOANS DISCHARGED
BY TOTAL AND PERMANENT DISABILITY**

In order for a borrower who has had a prior loan discharged due to total and permanent disability to be eligible for a new loan, the following statements must be completed by the borrower and physician:

BORROWER'S STATEMENT

I, _____, acknowledge that any new loan I receive may not be discharged due to the same or any disability existing at the time a new loan is made, unless the disabling condition substantially deteriorates to the extent that the definition of total and permanent disability is again met. I understand that I must reaffirm all loans discharged after July 1, 2001, due to total and permanent disability.

Borrower Signature _____ Date _____

Print Borrower Name _____ SSN _____

Borrower Address _____

City, State, Zip _____

Borrower Phone _____

PHYSICIAN'S STATEMENT

Based upon a recent evaluation of _____, I certify that this individual's condition has improved and is able to engage in "substantially gainful activity". ("Substantially gainful activity" may be defined as the ability to work and earn money.)

Physician Signature _____ Date _____

Print Physician Name _____

Office Address _____

City, State, Zip _____

Office Phone _____ Lic # _____