OFFICE OF FINANCIAL AID

2026-2027 TOTAL & PERMANENT DISABILITY DISCHARGE REQUEST FOR NEW LOAN ELIGIBILITY

CFTPD1/CFTPD2/CFTPD3 on CF27LN

The College of Southern Nevada has received notification that you had Federal Student Loans discharged due to a Total and Permanent disability and/or VA Disability. If you would like to take out additional Federal Student Loans, you are required to submit the following forms to the Financial Aid Office:

1. **Borrower Acknowledgement Form (must be completed annually)** – You must affirm that any new Federal Student Loans cannot be canceled due to any present impairment unless your condition deteriorates substantially.
2. **Physician Certification Form (must be completed once unless new loans have been discharged)** – You must have certification from a physician attesting that your condition has improved, you have the ability to engage in substantial gainful activity, and you can attend college.
3. **2026-2027 Direct Loan Request** Form (submit ONLY after you have submitted the Borrower Acknowledgment and Physician Certification form, as applicable)- **2026-27 Direct Loan Request Form**

Please mark one as it applies to you:

☐ The Physician's Certification (SECTION B) on page two has been completed by a qualified physician.

☐ I have submitted a Physician's Certification to CSN in a prior academic year.

Inaccurate forms will not be able to be processed and will delay any determining of loan eligibility and could require additional steps to be taken (i.e. form submitted directly from physician) for eligibility to be determined.

SECTION A: BORROWER'S CERTIFICATION AND ACKNOWLEDGEMENT

I previously received one or more Federal Student Loan(s), which were canceled due to my total and permanent disability. I acknowledge that I now have the ability to work and earn money, and I have requested, through a physician, to certify that my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity.

I acknowledge that I am now applying for one or more new Federal Student Loans. I understand that any new Federal Student Loan(s) that I receive, now or in the future, *cannot* be canceled due to any impairment(s) which are present at the time I apply for or receive the Federal Student Loan(s), unless my physician certifies the impairment(s) has substantially deteriorated after I received the new Federal Student Loan(s) to the point that I am once again totally and permanently disabled.

I understand that total and permanent disability, for the purposes of discharging a Federal Student Loan, is defined as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

Consent for Release of Information: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had a Federal Student Loan(s) canceled to make information from such records available to the U.S. Department of Education (E.D.) or holder of my Federal Student Loan(s).

By signing this form, I acknowledge that any Federal loans I receive hereafter cannot be canceled in the future based on any present impairment or condition unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Borrower's Name: _____NSHE:_____

_____

Borrower's Signature Date

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SECTION B: PHYSICIAN'S CERTIFICATION - Must be completed by an M.D. or D.O. only – cannot be signed by a NP, PA, RN, LPN, ARPN, PT, LCSW, etc.

Student (Borrower's) Name: _____NSHE:_____

The above-referenced student 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 and/or TEACH Grant obligations. The borrower is now requesting additional financial aid from the Federal Direct Loan Program. In order for the student to be considered for a new loan(s), the U.S. Department of Education requires a physician certification to be completed.

*Totally and Permanently Disabled, is the condition of an individual who is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; or has been determined by the Department of Veterans Affairs (VA) to be unemployable due to a service-connected disability.

Please respond to the following question as required by the U.S. Department of Education. The signed Borrower Certification and Acknowledgement authorizes you to release this information.

Physician's Certification: Must be completed by an M.D. or D.O. only – cannot be signed by a NP, PA, RN, LPN, ARPN, PT, LCSW, etc.

I, (print doctor's name) _____, am a doctor of **(check one):**

☐ **Medicine** ☐ **Osteopathy** and have been treating the above-named student for the disability referenced in the borrower's certification and acknowledgement.

Please choose one of the statements below:

☐ I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity. *Substantial gainful activity is defined as a level of work performed for pay or profit that involves doing significant physical and/or mental activities.*

☐ In my professional medical judgment, I **cannot certify** that the patient/borrower above is able to engage in substantial gainful activity. *Substantial gainful activity is defined as a level of work performed for pay or profit that involves doing significant physical and/or mental activities.*

Physician's Signature (no stamps) _____

Certified on this _____ day of (month) _____ (year) _____

_____

Print Name of Physician Physician's License Number

_____

Address City State Zip Code Telephone #

Students can submit completed forms in person at one of the 3 main campuses, by mail to CSN, 6375 W. Charleston, Sort Code WCD 126 Attn: Loan Processing, Las Vegas, NV 89146, or by email to financialaidoffice@csn.edu from student's CSN email address only.