



Office of Student Financial Services

Location: Wooster Hall, Rm 124

Phone: (845) 257-3250

Fax: (845) 257-3568

Total & Permanent Disability Student Acknowledgement Statement

Only complete and submit this form if you are NOT PURSUING a new Federal Direct Loan Disbursement after you have received a total and permanent disability discharge.

Student Name: _____ **Student ID:** _____

Student Email: _____ **Phone Number:** _____

Student Acknowledgements

Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. 34 CFR 682.200(b)*

Please read and initial beside the following student acknowledgements:

1. I acknowledge I previously had Title IV federal student loan(s) canceled due to total and permanent disability*. Initials: _____
2. I acknowledge that I **AM NOT** pursuing any new Title IV federal loans for the current academic year and I understand I cannot be offered any Title IV federal loans for the current academic year unless I submit required documentation. Initials: _____
3. I acknowledge that I may have to submit either this form or the TD&P Certification (Forms 1 & 2) every year in order to pursue or not pursue Direct Loan eligibility. Initials: _____



Certification and Signature

Please Read Carefully: By signing this form, I affirm that all information on this form and any attachments are complete and accurate to the best of my knowledge. If requested, I agree to provide documentation to support the information I have provided on this form. I understand that if I purposely give false or misleading information on this form it may be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and I may be subject to a fine, imprisonment, or both, under provisions of the United States Criminal Code and disciplinary actions by SUNY New Paltz. If I have any questions or concerns, I will contact the SUNY New Paltz Office of Student Financial Services immediately.

This form must contain an original signature.

Student signature: _____ Date: _____

***** Signed and completed forms should be emailed to: faodocuments@newpaltz.edu *****