



BROWN

Brown University Loan Office
Campus Box 1950, 164 Angell Street
Providence, RI 02912
(401) 863-3296 fax (401) 863-7518
loans@brown.edu
www.brown.edu/Loanoffice

TOTAL & PERMANENT DISABILITY DISCHARGE
BROWN UNIVERSITY INSTITUTIONAL LOANS

Borrower Certification: (to be completed by borrower in blue or black ink)

I am requesting discharge of my Brown University Institutional Loan(s) in accordance with the regulations of the program described in my original promissory note.

Name: _____ Loan Account #: _____

Street Address 1: _____ Street 2: _____

City, State, Zip: _____ Country: _____

Home Phone: (____) - _____ - _____ Cell Phone: (____) - _____ - _____

E-mail Address: _____ 2nd E-mail Address: _____

Reason for deferment request: (select appropriate checkbox below)

I am Totally & Permanently Disabled and am requesting that Brown University discharge my Brown University Institutional Loans based on the following documentation of my disability status.

I have received a Social Security Administration (SSA) notification of award of Social Security Disability Insurance or Supplementary Security Income benefits stating that my next scheduled disability review will be 5 to 7 years or more from the date of my last SSA disability determination. (Attach copy of the SSA notice of award.)

OR

Physician's Certification: You are being asked to certify that the applicant is unable to engage in any **substantial gainful activity** in any field of work by reason of a medically determinable physical or mental impairment that (1) can be expected to result in death; or (2) has lasted for a continuous period of not less than 60 months; or (3) can be expected to last for a continuous period of not less than 60 months.

(Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both. If the applicant is able to engage in any substantial gainful activity, in any field of work, you must answer **NO**. This is not based on whether the applicant can perform his or her current or past job or profession.)

Diagnosis of disabled person's present medical condition:

The date the disabled person became unable to work, earn money, attend school, or required continuous nursing or similar care: (mm-dd-yyyy)

_____.

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgment, the disabled person named above is unable to work and earn money because of a medically determinable impairment.

Physician's Signature _____ Date _____

Physician's Name (print or type) _____ License # _____ Phone _____

Address _____ City _____ State _____ Zip _____

Other Loans

If you have Federal Perkins Loans or Federal Stafford Loans, you must contact U.S. Department of Education TPD Servicing at (888) 303-7818 or disabilityinformation@nelnet.net to complete the federal TPD application process. You may obtain information online at www.disabilitydischarge.com

- I have started the TPD application process for my Federal Perkins and/or Federal Stafford Loan.
- I have NOT started the TPD application process for my Federal Perkins and/or Federal Stafford Loan.
- I do not have any Federal Perkins and/or Federal Stafford Loan.

Statement of Understanding (check each box below)

I understand that:

- I must submit this application to Brown University Loan Office within 90 days of the date of my physician's certification.
- Requests submitted without required documentation will be denied.
- The Brown University Loan Office may require additional documentation or verification from the physician's office in order to determine eligibility.

Borrower Certification:

I certify that all statements are true and correct. I will notify the Brown University Loan Office of any change in my address and/or status. I will provide additional documentation to the Loan Office, as required to support my eligibility for this discharge. It will be held in strictest confidence and will not be disseminated outside the requirements of the Brown University Loan Office.

I understand that by signing below, I certify that I have read, understand, and meet the Total and Permanent Disability eligibility requirements for the discharge I am requesting.

Signature _____ Date _____

For Institutional Use Only

Approved/Period: _____ Denied/Reason: _____

Reviewing Officer: _____ Date: _____

Completed ORIGINAL signed application must be mailed to Brown University Loan Office at address above.