



PDIS

Permanent Total Disability

Permanent Total Disability Cancellation Request

William D. Ford Federal Direct Loan Program
Federal Direct Stafford/Ford Loans, Federal Direct Unsubsidized Stafford/Ford Loans,
Federal Direct PLUS Loans, Federal Direct Consolidation Loans

OMB No. 1840-0700
Form Approved
Exp. Date 12/25/95

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

Please correct or, if address/locator information is missing, enter the following information. If a correction, check this box:

SSN

Name

Address

City, State, Zip Code

Telephone - Home ()

Telephone - Other ()

Section 1: Cancellation Request *Must be completed by borrower or borrower's representative. See definitions and eligibility criteria on the back of this form.*

*A representative may complete and sign this section on your behalf if you are unable to do so because of your disability.

I meet the qualifications stated on the back of this form for a Disability Cancellation and request that the U.S. Department of Education (ED) cancel my obligation to repay my William D. Ford Federal Direct Loan (Direct Loan) Program loan(s) due to my **PERMANENT TOTAL DISABILITY**.

Borrower Certifications

I authorize any physician, hospital, or other institution having records about the disability for which I am requesting a cancellation of loan payments to make information from these records pertaining to the Physician's Certification below available to ED.

I understand that ED will not grant this cancellation request unless all applicable sections of this form are completed.

I certify that: (1) I will provide additional documentation, if required, to ED to support my permanent total disability status and (2) I have read, understand, and meet the terms and conditions of the cancellation for which I have applied as stated on the back of this form.

Signature of Borrower or Borrower's Representative/Date _____

Name of Borrower's Representative (if applicable) _____

Address of Borrower's Representative (if applicable) _____

Relationship to Borrower (if applicable) _____

Section 2: Physician's Certification *See the back of this form for a list of Authorized Officials. Please print or type.*

Instructions for Physicians: You are being asked to complete and sign this form to certify that the applicant is permanently totally disabled. You may complete this form only if you are a *doctor of medicine or osteopathy* legally authorized to practice in a State. Sign the certification only if the disabled person's condition meets the definitions on the back of this form. Complete all requested information. You may attach additional pages if necessary.

The applicant became unable to work and earn money or go to school on (MM-DD-YY) and the disabling condition is expected to continue indefinitely or result in death.

• If different than the first date on the previous line, when did the applicant's illness or injury start? _____

• Diagnosis of applicant's present medical condition: _____

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

Signature of Physician/Date _____

Address _____

Physician's Name _____

City, State, Zip Code _____

Definitions

- Cancellation due to my Permanent Total Disability condition cancels my obligation to repay the remaining outstanding balance on my Direct Loan Program loan(s).

Physician's Definitions

- **Permanent Total Disability:** The applicant must be unable to work and earn money or go to school because of injury or illness that is expected to continue indefinitely or result in death.

Eligibility Criteria

- My cancellation cannot be based on a condition that existed at the time I applied for the loan(s), unless the condition substantially deteriorated after I received the loan.

To qualify:

- (1) I must be unable to work and earn money or go to school because of an injury or illness that is expected to continue indefinitely or result in death.
- (2) I understand:
 - (a) This condition may not have begun before I applied for these loans unless my condition substantially deteriorated after I received the loan, and
 - (b) I am not eligible for future student loans unless I obtain a certification from a physician that I am able to engage in substantial gainful activity.

Authorized Certifying Officials

- Doctor of Medicine or Osteopathy legally authorized to practice in a State

Important Notices

Privacy Act Notice

The Privacy Act of 1974 (5 U.S.C.552a) requires that the following notice be provided to you. The authority for collecting the information requested on this form is §461 et seq. of the Higher Education Act of 1965, as amended. Your disclosure of this information is voluntary. However, if you do not provide this information, you cannot be considered for a cancellation. The information on this form will be used to determine your eligibility for a cancellation of your Direct Loan Program loan(s). The information you provide may be disclosed to federal and state agencies, private parties such as relatives, present and former employers and creditors, and contractors of the Department of Education for purposes of administration of the student financial assistance program, for enforcement purposes, for litigation where such disclosure is compatible with the purposes for which the records were collected, for use by federal, state, local, or foreign agencies in connection with employment matters or the issuance of a license, grant, or other benefit, for use in any employee grievance or discipline proceeding in which the Federal Government is a party, for use in connection with audits or other investigations, for research purposes, for purposes of determining whether particular records are required to be disclosed under the Freedom of Information Act, and to a Member of Congress in response to an inquiry from the congressional office made at your written request.

Return this form and any required documentation to:

Borrower Services Department
Direct Loan Servicing Center
P.O. Box 4809 4609
Utica, NY 13504-4809

If assistance is needed in completing this form call:

1 (800) 848-0979

Paperwork Reduction Notice

The time required to complete this information collection is estimated to average 0.2 hours (12 minutes) per response, including the time to review instructions, search existing data resources, gather and maintain the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Education, Washington, DC 20202-4651. If you have any comments or concerns regarding the status of your individual submission of this form, write directly to:

Borrower Services Department
Direct Loan Servicing Center
P.O. Box 4809
Utica, NY 13504-4809