

Full Name:

## Borrower Statement Acknowledging TPD Class A

EOU Student ID: 910-

Phone Number: ( )	-	EOU E-mail:	@eou.edu
Permanent Address:			
34 CFR 685.200(a)(1)(iv) In the case of a borrower whose previous loan or TEACH Grant service obligation was discharged due to total and permanent disability, a student is eligible to receive a Direct Subsidized Loan, a Direct Unsubsidized Loan, or a combination of these loans, if the student meets the following requirements:			
In the case of a borrower whose prior loan or TEACH Grant service obligation was discharged after a final determination of total and permanent disability, the borrower (1) obtains a certification from a physician that the borrower is able to engage in substantial gainful activity; and (2) signs a statement acknowledging that neither the new Direct Loan the borrower receives nor any previously discharged loan on which the borrower is required to resume payment in accordance with paragraph (a)(1)(iv)(B) of 34 CFR 685.200 can be discharged in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.			
which you are required to	resume payment can be disc that impairment substantially	er the new Direct Loan you receive nor any previously charged in the future on the basis of any impairmen or deteriorates. Furthermore, you certify that all of	nt present when the
Please sign this form in ink in the presence of a notary.  Student signature:			
• • •	E, ONE UNIVERSITY BLVD, INL	documentation to EOU's Financial Aid Office. OW HALL # 104, LA GRANDE, OR 97850-2807 Questions?	Call 541-962-3550.
REQUIRED DOCUMENT	TATION		
		<b>cian</b> stating that you are able to engage in substantia	al gainful activity.
2. Copy of the ID p	resented to Notary Public.		
NOTARY'S CERTIFICATE OF ACKNOWLEDGEMENT			
	ŕ	ertification may vary by state.	
State of	City/County of _	J	
On	<i>(Date),</i> before me,	(Notary's name),	personally
appeared,	peared,(Printed name of signer), and proved to me on the basis of		
satisfactory evidence of	identification	(Type of unexpired government-issue	ed photo ID
provided) to be the abov	ve-named person who signed	the foregoing instrument.	
WITNESS my hand and	official seal	(Note	ary signature)
		My commission expires on	(Date)
Direct Loan ID(s) made wit	h this acknowledgment:	INSTIT	TUTIONAL USE ONLY

**BSATPD-A** Questions? Call 541-962-3550.