



2024-2025
DISABILITY DISCHARGE FORM
 Central Alabama Community College
CFDISA, CFLNDC

Student's Name: _____

Student Number: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Please note: This document, like all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Act of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

By signing this form, I, the student, acknowledge that I can't get a Total and Permanent Disability (TPD) discharge of the new loan (if eligible) or TEACH Grant (if eligible) based on a disabling condition that already exists when I receive the new loan or TEACH Grant, unless that condition substantially deteriorates in the future. I understand that if I received a TPD discharge based on SSA documentation or a physician's certification and your three-year post discharge period hasn't ended, you must also resume repayment on your previously discharged loans or acknowledge that you are once again responsible for meeting the terms and conditions of your TEACH Grant service obligation.

The student's signature authorizes the release of the information requested within this document.

 Student Signature

 Date