



FLORIDA A&M UNIVERSITY
FINANCIAL AID

CHANGE LETTERHEAD

Division of Student Affairs
Office of Financial Aid
Email: financialaiddocs@famuedu

Telephone: (850) 599-3730
Fax: (850) 561-2730

2025-2026 Loan Discharged in Bankruptcy

Information received from the Free Application for Federal Student Aid (FAFSA) indicates that you have had one or more student loans discharged through bankruptcy. Students having discharged student loans or grant over-payments in a bankruptcy are ineligible for Title IV aid until the default or overpayment is resolved.

To be eligible for Title IV aid, you must submit written documentation from the loan holder or grant over-payment indicating that you have made satisfactory arrangements to repay the loan or grant or that it is paid in full.

Please turn in all documents and this form to the Office of Financial Aid. Our hours of operation are Monday through Friday, 8:30 a.m. to 4:00 p.m. You may also email your document(s) to financialaiddocs@famuedu or fax to 850-561-2730. If you have any questions, please call (850)599-3730.

CERTIFICATION STATEMENT: You must read and sign this statement. I certify that all of the information provided **in** this letter and on the attached documentation is accurate and complete.

Student Signature: _____ **Date:** _____



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2025-2026 Total & Permanent Disability (TPD) Discharge Eligibility Form

Physician Section: *Your completion of this section will fulfill this requirement.*

The above-referenced borrower was previously classified as totally and permanently disabled and, as a result of this condition, received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the federal education loan programs. The U.S. Department of Education requires that a physician certify the following: place a

_____ that a borrower is once again able to engage in substantial gainful activity, i.e.,
_____ the person is sufficiently recovered to be capable of attending schools
_____ successfully completing program of study

Provide **the** name of **the** specific program of study:

_____ and securing employment in order to repay the loan he/she is seeking.

A statement that your condition has improved and you have the ability to engage in "substantial gainful activity" 2. A reference to your specific program of study, and 3. Confirmation of your ability to secure employment in that field of study in order to repay the new loan

Physician Signature: _____ **Date:** _____

Physician Name (Print): _____

Phone Number: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____