



APPLICANT REPRESENTATIVE DESIGNATION: TOTAL AND PERMANENT DISABILITY

OMB No. 1845-0065
FORM UNDER REVIEW
Exp. Date XX/XX/XXXX

William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program / Federal Perkins Loan (Perkins Loan) Program / TEACH Grant Program

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

SECTION 1: DISCHARGE APPLICANT INFORMATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN _____

Date of Birth _____

Name _____

Address _____

City _____

State _____

Zip Code _____

Telephone - Primary _____

Telephone - Alternate _____

Email _____

SECTION 2: DESIGNATION, CHANGE, OR REVOCATION OF APPLICANT REPRESENTATIVE

This form is required to designate an individual or organization to represent you in matters related to your total and permanent disability discharge request, even if that individual or organization already has authority to act on your behalf, for example, through a power of attorney. Before completing this form, carefully read the entire form, particularly Section 3. Type or print using dark ink. Return this form to the address shown in Section 4.

1. Why are you completing this form?

- I am **designating** an individual or organization to represent me in all matters relating to my total and permanent disability request - Continue to Item 2.
- I am **changing** the individual or organization that represents me in all matters relating to my total and permanent disability request - Continue to Item 2.
- I am **revoking** my previous designation of an individual or organization that represents me in all matters related to my total and permanent

2. Please provide contact information for the representative that you are designating. If you are designating an organization, you do not need to provide a name of an individual at the organization that will be your representative. However, you must provide a Taxpayer ID Number.

Individual Name _____

Organization Name _____

Organization Taxpayer ID Number _____

Address _____

City _____

State _____

Zip Code _____

Telephone - Primary _____

Telephone - Alternate _____

Email _____

Applicant Name _____

Applicant SSN _____

SECTION 3: APPLICANT'S REQUEST, UNDERSTANDINGS, AUTHORIZATION, AND CERTIFICATION

I request to designate, change, or revoke an individual or organization to represent me in all matters related to my total and permanent disability discharge request. If I have not already submitted an application for total and permanent disability discharge, I intend to do so.

I understand that:

1. The individual or organization that I designate in Section 2 will have the ability to receive information about my total and permanent disability discharge request for my federal student loans or TEACH Grants that is otherwise protected by the Privacy Act of 1974 and will have the ability to act on my behalf as it relates to my total and permanent disability discharge request, including the authority to apply for a discharge, provide notifications or information to the U.S. Department of Education (the Department), and receive notifications and correspondence from the Department.
2. To verify my representative's identity when making a request for disclosure or providing information by telephone, the representative may be required to provide my name, Social Security Number, and date of birth.
3. When requesting the disclosure of information, the representative named in Section 2 must submit information to verify his or her identity or the organization for which he or she works.
4. If I am requesting to change or revoke the individual or organization that represents me, the individual or organization that I previously designated will no longer be my representative as of the date that the Department receives my request.
5. If I am requesting to revoke the individual or organization that represents me, I may do so in any oral or written communication to the Department.
6. My representative may also revoke my designation in any oral or written communication to the Department; and
7. My designation, change, or revocation will be effective on the date that the Department receives and (if written) processes my communication.

I authorize the Department and its agents to release to, and discuss with, the individual or organization named in Section 2, any records held by the Department regarding my federal student loan or TEACH Grant service obligation(s) and to send correspondence related to my discharge request to that individual or organization. I also authorize the individual or organization named in Section 2 to assist me in satisfying the obligation through a total and permanent disability discharge.

I certify that all of the information I have provided on this form and in any accompanying documentation is true, complete, and correct to the best of my knowledge and belief.

Applicant's Signature

Date

Representative's Signature

Date

SECTION 4: WHERE TO SEND THE COMPLETED DISCHARGE APPLICATION

Return the completed form and any documentation to:

U.S. Department of Education - TPD Servicing
P.O. Box 87130
Lincoln, NE 68501-7130
Fax to: 303-696-5250
Email to: disabilityinformation@nelnet.com

If you need help completing this form, contact us:

Phone: 1-888-303-7818 (TTY: dial 771, then phone no.)
Email: disabilityinformation@nelnet.com
Website: www.disabilitydischarge.com

SECTION 5: 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 authorities for collecting the requested information from and about you are §421 et seq., §451 et seq., §461, or §420L of the Higher Education Act of 1965, as amended (20 U.S.C. 1071 et seq., 20 U.S.C. 1087a et seq., 20 U.S.C. 1087aa et seq., or 20 U.S.C. 1070g et seq.) and the authorities for collecting and using your Social Security Number (SSN) are §§428B(f) and 484(a)(4) of the HEA (20 U.S.C. 1078-2(f) and 1091(a)(4)) and 31 U.S.C. 7701(b). Participating in the Direct Loan, FFEL, Perkins Loan, or TEACH Grant program and giving us your SSN are voluntary, but you must provide the requested information, including your SSN, to participate.

The principal purposes for collecting the information on this form, including your SSN, are to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) under the Direct Loan, FFEL, Federal Perkins Loan or TEACH Grant Programs, to permit the servicing of your loans, and, if it becomes necessary, to locate you and to collect and report on your loans if your loans become delinquent or default. We also use your SSN as an account identifier and to permit you to access your account information electronically.

The information in your file may be disclosed, on a case-by-case basis or under a computer matching program, to third parties as authorized under routine uses in the appropriate systems of records notices. The routine uses of this information include, but are not limited to, its disclosure to federal, state, or local agencies, to private parties such as relatives, present and former employers, business and personal associates, to consumer reporting agencies, to financial and educational institutions, and to guaranty agencies in order to verify your identity, to determine your eligibility to receive a loan or a benefit on a loan, to permit the servicing or collection of your loans, to enforce the terms of the loans, to investigate possible fraud and to verify compliance with federal student financial aid program regulations, or to locate you if you become delinquent in your loan payments or if you default. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to state agencies. To provide financial aid history information, disclosures may be made to educational institutions.

To assist program administrators with tracking refunds and cancellations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal or state agencies. To provide a standardized method for educational institutions to efficiently submit student enrollment statuses, disclosures may be

made to guaranty agencies or to financial and educational institutions. To counsel you in repayment efforts, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state, or local agencies.

In the event of litigation, we may send records to the Department of Justice, a court, adjudicative body, counsel, party, or witness if the disclosure is relevant and necessary to the litigation. If this information, either alone or with other information, indicates a potential violation of law, we may send it to the appropriate authority for action. We may send information to members of Congress if you ask them to help you with federal student aid questions. In circumstances involving employment complaints, grievances, or disciplinary actions, we may disclose relevant records to adjudicate or investigate the issues. If provided for by a collective bargaining agreement, we may disclose records to a labor organization recognized under 5 U.S.C. Chapter 71. Disclosures may be made to our contractors for the purpose of performing any programmatic function that requires disclosure of records. Before making any such disclosure, we will require the contractor to maintain Privacy Act safeguards. Disclosures may also be made to qualified researchers under Privacy Act safeguards.

Paperwork Reduction Notice. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is 1845-0065. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The obligation to respond to this collection is required to obtain a benefit in accordance with 34 CFR 674.61(b) or (c), 34 CFR 682.402(c)(2) or (c)(9), 34 CFR 685.213(b) or (c), and 34 CFR 686.42(b). If you have comments or concerns regarding the status of your individual submission of this form, please contact the U.S. Department of Education directly (see Section 6).