60x30TX
Texas Higher Education Coordinating Board

TOTAL AND PERMANENT DISABILITY CANCELLATION REQUEST
TEACH FOR TEXAS CONDITIONAL GRANT PROGRAM

SECTION I: Borrower Identification

Social Security Number or Account Reference Number: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone - Home: (_____) _____

I authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for discharge to make information from those records available to the Texas Higher Education Coordinating Board.

_____

Signature of Borrower or Representative   **Date**

SECTION 2: Physician's Certification

Instructions for Physician: The borrower identified above is applying for cancellation of his/her student loan/service obligation(s) based on total and permanent disability. You are being asked to complete this form to certify that the borrower is totally and permanently disabled.

Note: The standard for determining disability for cancellation of the borrower's loan/service obligation may be different from standards used under other public and private programs in connection with occupational disability or eligibility for social service benefits. **For the purposes of the TEACH FOR TEXAS CONDITIONAL GRANT PROGRAM, permanent and total disability is any medical condition that is expected to result in death or is expected to prevent the borrower from working specifically as a *teacher* indefinitely.**

You may complete and sign this form **only** if you are a **doctor of medicine or osteopathy** legally authorized to practice in the state of _____. Provide all requested information; you may attach additional pages if necessary. Please type or print in dark ink. Sign the certification (a signature stamp is not acceptable) only if the borrower's condition meets the definition of Total and Permanent Disability as noted above.

Return the completed form to: You can contact our office at:
    Texas Higher Education Coordinating Board   Tel. (800) 242-3062
    Student Financial Aid Programs   Fax (512) 427-6423
    P.O. Box 12788
    Austin, Texas 78711-2788

Diagnosis of borrower's present medical condition — specify the nature, duration and severity of the borrower's present and future impairments. **Do not use abbreviations or insurance codes:**

_____

_____

_____

I certify that, in my best professional judgment, **the applicant identified above is unable to work as a *teacher* because of an injury or illness that is expected to continue indefinitely or result in death.** I understand that any applicant able currently or in the future to work as a teacher, even on a limited basis, is not considered to have a Total and Permanent Disability.

I am a (check one) ☐ **doctor of medicine (MD)** / ☐ **doctor of osteopathy (DO)** legally authorized to practice in the state of _____ and my professional license number issued by that state is _____

_____

Physician's signature   **Name (printed)**   **Date**

_____

Address   **City**   **State**   **Zip**   **Telephone**