



### Total and Permanent Disability Discharge: Applicant Representative Designation

**William D. Ford Federal Direct Loan (Direct Loan) Program / Federal Family Education Loan (FFEL) Program/ Federal Perkins Loan (Perkins) Program / Teacher Education Assistance for College and Higher Education (TEACH) Grant Program**

Use this form to (1) designate an individual or organization to represent you in all matters related to your total and permanent disability discharge request, (2) change the individual or organization that represents you in all matters related to your discharge request, or (3) revoke a designation of an individual or organization to represent you in all matters related to your discharge request.

TPD REP

**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: APPLICANT IDENTIFICATION

Please enter or correct the following information.

Check this box if any of your information has changed.

SSN [ ][ ][ ] - [ ][ ][ ] - [ ][ ][ ][ ][ ]

DOB [ ][ ] - [ ][ ] - [ ][ ][ ][ ]

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

#### 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 through, for example, a power of attorney. Before completing this form, carefully read the entire form, particularly Sections 3. Type or print using dark ink. If you need help completing this form, contact the U.S. Department of Education at 888-303-7818. Return the completed form and any required documentation to U.S. Department of Education, TPD Servicing, P.O. Box 87130, Lincoln, NE 68501-7130.

- Please select the reason that you are completing this request by checking box a, b, or c, below.
  - I am **designating** an individual or organization to represent me in all matters relating to my total and permanent disability discharge 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 discharge 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 disability discharge request. I no longer wish to have a representative.—Skip to Section 3.
- Please provide contact information for the representative that you are designating. If you are designating an organization as your representative, you do not need to provide a name of an individual at the organization that will be your representative.

Individual Name (if applicable) \_\_\_\_\_

Organization Name (if applicable) \_\_\_\_\_

Organization Taxpayer ID No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone – Primary ( ) \_\_\_\_\_

Telephone – Alternate ( ) \_\_\_\_\_

E-mail Address (Optional) \_\_\_\_\_

#### SECTION 3: APPLICANT REQUEST, UNDERSTANDINGS, AUTHORIZATIONS, AND CERTIFICATION

- I **request** to designate, change, or revoke an individual or organization to represent me in all matters relating to my total and permanent disability discharge request. If I have not already submitted an application for a total and permanent disability discharge, I intend to do so.
- I **understand** that:
  - 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 the discharge, provide notifications or information to the U.S. Department of Education (the Department), and receive notifications and correspondence from the Department;
  - 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;
  - When requesting 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;
  - 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;
  - 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;
  - My representative may also revoke my designation in any oral or written communication to the Department; and
  - 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 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 \_\_\_\_\_

#### SECTION 4: 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 *et seq.*, and §420L *et seq.* of the Higher Education Act of 1965, as amended (the HEA) (20 U.S.C. 1071 *et seq.*, 20 U.S.C. 1087a *et seq.*, 20 U.S.C. 1087aa *et seq.*, and 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 §31001(i)(1) of the Debt Collection Improvement Act of 1996 (31 U.S.C. 7701(c)). Participating in the Federal Family Education Loan (FFEL) Program, the William D. Ford Federal Direct Loan (Direct Loan) Program, the Federal Perkins Loan (Perkins Loan) Program, and/or the Teacher Education Assistance for College and Higher Education (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 FFEL, Direct Loan, and/or Perkins Loan program loan or TEACH Grant, to receive a benefit on a loan (such as a deferment, forbearance, discharge, or forgiveness) or a discharge of a TEACH Grant service obligation, to permit the servicing of your loan(s) or TEACH Grant(s), and, if it becomes necessary, to locate you and to collect and report on your loan(s) if your loan(s) become delinquent or in 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.

For a loan or for a TEACH Grant that has not been converted to a Direct Unsubsidized Loan, the routine uses of the information that we collect about you include, but are not limited to, its disclosure to federal, state, or local agencies, to institutions of higher education, and to third party servicers to determine your eligibility to receive a loan or TEACH Grant, to investigate possible fraud, and to verify compliance with federal student financial aid program regulations.

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.

For a loan, including a TEACH Grant that has been converted to a Direct Unsubsidized Loan, the routine uses of this information also 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 creditors, to financial and educational institutions, and to guaranty agencies to verify your identity, to determine your program eligibility and benefits, to permit making, servicing, assigning, collecting, adjusting, or discharging your loan(s), to enforce the terms of the loan(s), to investigate possible fraud and to verify compliance with federal student financial aid program regulations, to locate you if you become delinquent in your loan payments or if you default, or to verify whether your debt qualifies for discharge or cancellation. To provide default rate calculations, disclosures may be made to guaranty agencies, to financial and educational institutions, or to federal, state or local 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 status, 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.

**Paperwork Reduction Notice.** According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 0.5 hours (30 minutes) per response, including the time for reviewing instructions, searching existing data resources, gathering and maintaining the data needed, and completing and reviewing the information collection. Individuals are obligated to respond to this collection 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). Send comments regarding the burden estimate(s) or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Education, 40 Maryland Avenue, SW, Washington, DC 20210-4537, or e-mail [ICDocketMgr@ed.gov](mailto:ICDocketMgr@ed.gov) and reference OMB Control Number 1845-0065. **IMPORTANT: Do NOT return the completed Applicant Representative Designation to this address. If you return the completed form to this address, it will delay the processing of your request.**

**If you have comments or concerns regarding the status of your individual submission of this form, contact the U.S. Department of Education at 1-888-303-7818.**