

[Your Name]
[Your Address]
[Your Phone Number]
[Your Email Address]
[Date]

U.S. Department of Education
TPD Servicing
P.O. Box 87130
Lincoln, NE 68501-7130

RE: Total and Permanent Disability (TPD) Discharge Application

Borrower Name: [Your Full Name]

Last 4 Digits of SSN: [Your SSN]

To Whom It May Concern,

I am submitting this letter to formally apply for a Total and Permanent Disability (TPD) discharge of my federal student loans. Please find the enclosed documentation required to support my application.

Included in this package are the following documents:

- The completed and signed TPD Discharge Application (Section 4 completed by my physician).
- Medical records and diagnostic reports detailing my condition.
- [Optional: Documentation from the Social Security Administration or Department of Veterans Affairs].

My medical condition prevents me from engaging in any substantial gainful activity, and this impairment has lasted, or is expected to last, for a continuous period of at least 60 months or can be expected to result in death.

Please review these documents and notify me of the status of my application at your earliest convenience. If you require any further information, please contact me at the phone number or address provided above.

Thank you for your time and assistance in this matter.

Sincerely,

[Your Signature]

[Your Printed Name]