

## Eligible Borrower Total and Permanent Disability

In order for eligibility to be regained after cancellation of a student loan due to total and permanent disability, the student must obtain a physician's certification that the borrower is capable of engaging in substantial activity. The following statements must be certified as being true and correct.

### PHYSICIAN'S STATEMENT

Based upon a recent evaluation of \_\_\_\_\_, I certify that she/he is currently able to engage in substantially gainful activity (including class attendance, homework, and any other additional requirements of the class and/or employment in area of study).

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Physician Name \_\_\_\_\_

Office Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ E-mail Address (optional) \_\_\_\_\_

Physician's License Number \_\_\_\_\_

### STUDENT STATEMENT

I understand that any future student loans I may receive cannot be canceled due to impairment present at the time the loan is made unless the condition substantially deteriorates. I understand that the above physician's statement is required for future eligibility and that I may be asked to obtain this or a similar statement at any time to retain eligibility. I understand that any previously canceled loan will show as a default with the stipulation that the loan was canceled due to permanent and total disability and providing I meet all requirements, I may regain eligibility for financial assistance. I understand that I can reaffirm my previous debt at any time.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Student Name \_\_\_\_\_ SSN \_\_\_\_\_

Student Address \_\_\_\_\_

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