

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, I certify that the student below 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 the area of study).

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

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

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

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

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

Office Phone Number \_\_\_\_\_ Email (optional) \_\_\_\_\_

**Student's 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

YSU Banner ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

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