

FINANCIAL AID OFFICE

2020-2021 Physician's Certification of Borrower's Condition

Borrower's Name (Last Name, First Name)

Borrower Date of Birth

Street Address

City, State, Zip

PHYSICIAN: Please only complete Section A OR Section B. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

PHYSICIAN'S ADDRESS MUST BE COMPLETED WITH AN OFFICE STAMP OR FORM WILL BE RETURNED

*****If the physician's office does not possess a stamp, then this form must be faxed, along with a cover sheet, directly from the physician's office as proof of validity*****

SECTION A

I certify that, in my best professional judgment of the condition, the person named above **DOES** have the ability to engage in substantial gainful activity*.

Warning: Previous federal student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional federal financial aid.

Signature of Physician (M.D. or D.O.)

Date

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy)

Telephone Number

(STAMP ONLY) Address (Street, City, State and Zip Code)

Certification/AMA Medical License Number

State of Professional Registration**OR****SECTION B**

I certify that, in my best professional judgment of the condition, the person named above **DOES NOT** have the ability to engage in substantial gainful activity*.

Signature of Physician (M.D. or D.O.)

Date

Physician's Name (Must be Medical Doctor or Doctor of Osteopathy)

Telephone Number

(STAMP ONLY) Address (Street, City, State and Zip Code)

Certification/AMA Medical License Number

State of Professional Registration

****Substantial gainful activity is described as "a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan the borrower is seeking".***