CERTIFICATION FOR RELEASE OF TOTAL AND PERMANENT DISABILITY

Student Name ____________________  E # ______________

Our records indicate that you have one or more student loans discharged because of total and permanent disability. Before you can be considered for additional federal student loans, you must do the following:

1) Provide a physician’s certification stating that you are able to engage in “substantial gainful activity” such as work performed for pay. Please use the certification below.

2) Sign the statement at the bottom of this form.

____________________________________________________________________

PHYSICIAN’S CERTIFICATION

This is to certify that ______________________ has the ability to engage in substantial gainful activity. The Department of Education’s definition of substantial gainful activity is “a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both.”

______________________ ______________________
Printed Name of Physician (printed)  Signature of Physician

______________________ ______________________
Street Address     State and License Number

______________________ ______________________
City                           State            Zip Code Telephone Number

______________________
Date

STUDENT STATEMENT

I acknowledge that any new federal loan(s) that I receive cannot be discharged in the future based on any present condition unless my condition substantially deteriorates so that I am again totally and permanently disabled.

________________________________________            ______________________
Student Signature     Date