

Certification/License Number

TPD Discharge, Physician Certification Office of Financial Aid

You have previously received a discharge on a student loan balance or TEACH grant service obligation due to total and permanent disability. In order to borrow again through the Federal Loan program or receive a TEACH grant, your physician must complete this certification form.

Please read this form in its entirety and request that your physician complete all fields. Submit your completed form to the

Office of	f Financial Aid in order to pro	event a delay in the	e processing	of your financial aid.		
Student (Patient) Name		_ sx	U ID Number		
<u>PHYS</u>	ICIAN CERTIFICATION	l				
Act of 1	ove named individual was ce 965, as amended, total and n money or attend school be	permanent disabilit	y is defined a	s "the condition of an ir	ndividual who is unable to	work
activity.	for the student to regain Titl Substantial gainful activity is gnificant physical or mental	s defined as the abi	ility to underta	ake "a level of work per		:S
gainful : Federal cannot	certify that the above reference activity, to work and earn mower william D. Ford Federal Direction of the future content substantially deteriorate	oney or attend scho ect Loan (Direct Lo on the basis of any i	ol. I understa an) Program	ind that the patient may loan and/or Federal TE	sign a statement that any ACH Grant they receive	nev
	Diagnosis of student's prese	ent medical condition	on, for which	you are treating the pat	ient:	
	When did the student becor	ne medically able to	o attend scho	ool or seek gainful empl	oyment?	
	Physician Name					
	Street Address		City	State	Zip	
	Physician Signature			Date		

Date License Issued