
Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM MAY BE SUBJECT TO FINE OR IMPRISONMENT UNDER SECTION 1001 OF THE UNITED STATES CRIMINAL CODE.

Section I: To be completed in ink by borrower.

Name of Borrower: _____

Borrower's Social Security Number: _____

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to the holder of my loan(s).

Acknowledgment of Inability to Cancel Loan: I hereby acknowledge that any William D. Ford Federal Direct Loan(s) which I receive subsequent to this statement cannot be cancelled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

Signature of Borrower: _____

Section II: To be completed by certifying physician.

Instructions to Physician: You are asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking".

The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment which was expected to continue for a long and indefinite period of time or to result in death. Please supply your certification on your official letterhead.

Physician Certification of Borrower's Ability to Engage in Substantial Activity

I certify in my best professional judgment (borrower) _____
is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

I am legally authorized to practice in the State of _____

Physician's Name (printed) _____

**Please provide your signature, date, and professional address on
your business letterhead and attach to this document.**