



Total & Permanent Disability Form

The U.S. Department of Education has informed us that you have had one or more prior student loans discharged due to total and permanent disability. In order for our office to continue processing your financial aid request, we need you to clarify whether or not you want additional loan consideration. Please complete the following information and return this form to our office.

Student Information

Student Name: _____ Phone#: _____ SU ID: _____
Printed

Section A: Federal Loan Consideration Options

Option	Actions
<input type="checkbox"/> Yes, I want SU to consider me for additional federal loans.	You must sign Section B. Your physician must complete Section C.
<input type="checkbox"/> No, I do not want SU to consider me for additional federal loans.	Student Signature: _____

Section B: Student Signature

I understand that any additional student loans I receive must be repaid in full and cannot be cancelled in the future on the basis of any impairment present when the new loan(s) is made unless that impairment substantially deteriorates as determined by my physician.

Student Signature: _____ Date: _____

Section C: Physician Certification

This section must be completed by your physician only if you selected "Yes" in Section A and Signed in Section B.

The student referenced above was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. The borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e. the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

Complete Confirming Student's Gainful Activity

I certify in my best professional judgement, that the above mentioned student is able to engage in substantial gainful activity, i.e. the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking.

Physician's Signature: _____ Date: _____

Complete if Condition Has Not Improved

I certify in my best professional judgement, the condition of the student has not improved enough to allow him/her to engage in substantial gainful activity.

Physician's Signature: _____ Date: _____

Physician Contact Information

Printed Physician Name: _____ Address of Practice: _____
Office Phone Number: _____ City, State, And Zip Code: _____