

## 2016-2017 DISABL

### Physician's Certification of Borrower's Ability To Engage in Substantial Gainful Activity Request Form



Student Name: \_\_\_\_\_

Student ID#: A\_\_\_\_\_

#### Instructions:

*Complete Section I, have your physician complete Section II and submit the completed form to the Financial Aid Office.*

#### Section I: To be Completed by Borrower

*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 Gulf Coast State College, the U.S. Department of Education, or to the holder of my William D. Ford Federal Direct Loan(s).

*Acknowledgement 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 discharged in the future on the basis of any injury or illness present at the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### Section II: To be Completed by Physician

The borrower above has previously had William D. Ford Federal Direct 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.

You are being asked to certify whether or not the borrower named above is able to engage in substantial gainful activity. Effective July 1, 2011, the U.S. Department of Education defines "substantial gainful activity" as, "a level of work performed for pay or profit that involves doing significant physical or mental activity, or both."

I, \_\_\_\_\_, am legally authorized to practice in the state of \_\_\_\_\_

and certify in my best professional judgment that \_\_\_\_\_, the borrower, is

able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Email: \_\_\_\_\_

Physician's Phone: \_\_\_\_\_