

ACKNOWLEDGMENT FORM

I acknowledge, I previously had a student loan(s) canceled due to total and permanent disability*. I further acknowledge that my physician has certified my impairment(s) has improved sufficiently so that I now have the ability to engage in gainful activity defined as able to work and earn money or attend school. I also acknowledge the student loan(s) I am now applying for and may receive, and any subsequent student loan(s) I may apply for and may receive hereafter, may not be canceled due to any present impairment(s) unless my physician certifies the impairment(s) has substantially deteriorated to the point of total permanent disability*.

Borrower Signature

Date

Borrower Printed Name

State of

County of

Subscribed and sworn before me this ____ day of _____, 20____.

(SEAL)

Notary Public

Printed Name

Commission Expiration Date

*Total and permanent disability is defined as the condition of an individual who is unable to work and earn money or attend school because of an injury or illness that is expected to continue or result in death
34 CFR § 682.200(b)

PHYSICIAN'S CERTIFICATION FORM

The borrower's physician must complete the following information:

I, _____ certify that the impairment(s)
(Physician's name and degree/specialty)

of my patient _____ has improved sufficiently to allow the
(Patient/borrower's name)
patient/borrower to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to earn money through employment and/or attend school. The patient/borrower regained the ability to engage in substantially gainful activity as previously defined as of _____.
(mm/dd/yyyy)

Physician's Signature

Date