

This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. It is used to obtain a physician's certification and a borrower's acknowledgment. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to qualify for additional loan(s) under one or more of the following Federal Direct Loans Programs: Stafford Loans (subsidized and unsubsidized), PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students.

Section I: Student Information

Student Name _____ UNF ID# N _____

Section II: Eligibility

Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

COMPLETE IF YOU DO NOT INTEND TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

No, I _____ am not interested in receiving loans, but am interested in grants and/or Federal Work Study.

COMPLETE IF YOU WISH TO PURSUE YOUR FEDERAL LOAN ELIGIBILITY

Yes, I _____ am interested in receiving federal direct loans and have included my Physician Certification to verify my eligibility.

Please read and initial next to each line below (this does not apply to veterans):

_____ If I request a **NEW LOAN** or **TEACH Grant** during the conditional discharge or the post-discharge monitoring period (3 years before or after discharge), I am aware that I will be responsible for resuming payment on the discharged loan(s) before receipt of the new loan or TEACH grant.

_____ If the loan on which I must resume payment was in default when it was discharged or conditionally discharged, it remains in default upon reinstatement, and I must make satisfactory repayment arrangements before receiving the new loan. (Satisfactory repayment status is achieved after having made six consecutive, full, voluntary payments on time.)

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 Financial Aid Office, the U.S. Department of Education, or to the holder of my loan(s).

Section III: Student Signature

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan Program, William D. Ford Federal Direct Loan Program or Federal Perkins Loan Program. By my signature below, I clearly understand that any additional student loans I receive must be repaid in full. Also, they cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates, as determined by my physician.

Student Signature

Date Signed

Submit completed documents via:

myWings(StudentPortal): Student
Records Tile > Student Self- Service >
Upload Student Documents

RECOMMENDED

Student Name: _____

UNF ID# _____

Section IV: Physician Certification

PHYSICIAN CERTIFICATION

The referenced student, _____, 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.

Physician's Full Name:

Specialty:

Office Address:

City:

State:

Zip:

Phone Number:

License No.:

COMPLETE IF CONDITION HAS NOT IMPROVED

I certify that, in my best professional judgment, the condition of the student named above has not improved enough to allow him or her to engage in substantial gainful activity.

Physician's Signature:

Date:

COMPLETE IF CONFIRMING STUDENT'S GAINFUL ACTIVITY

I certify that my patient, the student identified above, has a disability condition that has improved and the student, in my professional opinion, has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study and securing employment in order to repay the new loan the borrower is seeking. I understand that I may be contacted by the UNF Financial Aid Office for clarification of this student's status.

Note: Previous student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional student loans.

Physician's Signature:

Date:

Date permitted to return to substantial gainful activity:

For Office Use Only:

Approved

Denied

Received by: _____

Date: _____