

This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

**STUDENT SECTION**

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Student Legal Name (Please Print): \_\_\_\_\_ Student ID: \_\_\_\_\_

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan (FFEL) Program, Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant Service Program. By my signature below, I acknowledge that I have the ability to engage in substantial gainful activity. And, I clearly understand that any additional Federal student loans I receive must be repaid in full and cannot be cancelled in the future based on any present impairment when the new loan is made unless that impairment substantially deteriorates so that I am again totally and permanently disabled as determined by my physician. I also understand that if I borrow a new Federal student loan during the post-discharge monitoring period I must also resume payment on the old loan before receipt of the new loan.

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 Clarion University, the U.S. Department of Education, or to the holder of my loan(s).

**Signature. Manually sign with a ballpoint pen.**

**\*Forms with digital/electronic/typed signatures cannot be accepted and will be returned.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN SECTION**

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The above referenced borrower 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. As stated in the Student Section above, 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.

I certify in my best professional judgment that the above named student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please type or print the following:

Physician Name: \_\_\_\_\_

Address of Practice: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Office Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_