



University College **Certification After Total Disability 2017-2018**

Student's Last Name

First Name

UC ID#

If you wish to receive a new student loan(s), you must be able to sign the Student Borrower Statement below and submit the signed Physician's Certification Statement from a legally licensed physician.

**Student Borrower Statement**

I acknowledge I previously had a student loan(s) cancelled 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 activity defined as able to work and earn money. I also acknowledge the student loan I am now applying for and may receive, and any subsequent student loan(s) I may receive hereafter, may not be cancelled due to any present impairment(s) unless my physician certifies the impairment(s) has substantially deteriorated to the point of a total and permanent disability\*

Student's Signature

Date

Student's Printed Name

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

**Physician's Certification Statement**

I, \_\_\_\_\_ (Physician's Name) certify the impairment(s) of patient \_\_\_\_\_ (Patient/Borrower's Name) has improved sufficiently to allow the patient/borrower ability to engage in substantial gainful activity. Substantial gainful activity is defined as the patient's/borrower's ability to work and earn money. The patient/borrower regained the ability to engage in substantially gainful activity as of \_\_\_\_\_ (mm/dd/yyyy).

I am a doctor of (check one):  Medicine  Osteopathy

Physician's Signature

Date

Physician's Telephone Number