



University of Nevada, Reno

Student Financial Aid and Scholarships
Mail Stop 0076
Reno, NV 89557-0076
(775) 784-4666 Voice
(877) 666-0014 Toll-free
(775) 784-1025 Fax
www.unr.edu/financial-aid

Physician's Certification and Borrower's Acknowledgment of Obligation

Federal Loan Programs: Stafford Student Loans, Parent Loans for Undergraduate Students (PLUS), Graduate PLUS Loans, Consolidation Loans and Federal Perkins Loans.

Warning: Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the U.S. Department of Education or the holder of my loan(s).

SECTION I - TO BE COMPLETED BY BORROWER (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

Form with fields for: 1. Name of borrower (last, first, mi), 2. Borrower's SSN, 3. Address (City, State, Zip Code), 4. Telephone Number

By signing this form, I acknowledge that any loans I receive hereafter cannot be cancelled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Form with fields for: 5. Signature, 6. Date

SECTION II - TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. Diagnosis of borrower's present medical condition (give results of complications)

2. Borrower is: [] Ambulatory [] Other (please explain)

3. Prognosis - Is condition static? [] Yes [] No - If no, what optimum improvement or deterioration can be expected?

4. Physician's Certification (Check one)

- [] I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity. (Refer to Physician's Instructions on back page.)
[] In my professional medical judgment of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity. (Refer to Physician's Instructions on back page.)

Form with fields for: 5. Type or print name of physician, I am legally authorized to practice in the state of

Form with fields for: 6. Address (City, State, Zip Code), 7. Telephone Number

Form with fields for: 8. Signature of physician (M.D. or D.O.), Physician's license number, 9. Date



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General Information

This form 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 cancelled 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 secure additional loan(s) under one or more of the following Federal Loan Programs: Stafford Student Loans, Parent Loans for Undergraduate Students (PLUS), Graduate PLUS Loans, Consolidation Loans and Federal Perkins Loans.

- Receipt of this completed form with the appropriate physician's certification satisfies the federal requirements [34 CFR 682.201(a)(5)] for affected borrowers.

Borrower Instructions

- The borrower must complete Section I.
- Section II of the form must be completed, signed and dated, by a qualified physician (doctor of medicine or doctor of osteopathy).
- Return this completed form to Student Financial Aid and Scholarships, Fitzgerald Student Services Bldg 3rd floor, MS 0076, Reno, NV 89557. It is recommended that you keep a copy of this and all other financial aid forms for your own records. You may need to provide a copy of this statement as evidence of your eligibility for future student loans.

Physician Instructions

- You are being asked to complete, sign and date this form to certify that the borrower is able to engage in substantial gainful activity (e.g., able to work and earn money or attend school).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

- The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.
- The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new Federal Loan Programs.