



Physician's Certification and Borrower's Acknowledgment of Obligation

The National Student Loan Data System (NSLDS) indicates that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional federal student loans, this form must be completed and returned to the UHMC Financial Aid office.

SECTION I: TO BE COMPLETED BY STUDENT – (If you want federal student loans, skip Section I and proceed to Section II)

1. Name of Student (first, mi, last) _____ 2. My UH _____
3. Signature _____ 4. Date _____

[] If you **DO NOT** want to apply for federal student loans, check this box.

SECTION II: TO BE COMPLETED BY BORROWER

1. Name of Borrower			2. UH ID number	
3. Address	City	State	Zip Code	4. Email Address

By signing this form, I acknowledged that any loans I receive hereafter cannot be canceled 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.

5. Signature	6. Date
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SECTION III: TO BE COMPLETED BY CERTIFYING PHYSICIAN

1. 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 and can attend school.
- [] 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 and can attend school.

2. Date Borrower became able to engage in gainful activity: (MM DD YYYY)				
3. Type or Print name of physician			4. I am legally authorized to practice in the state of	
5. Address	City	State	Zip Code	6. Telephone Number
7. Signature of Physician (M.D. or D.O.)				8. Date