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Student ID # **Last Name** **First Name**

CERTIFICATION FOR RELEASE OF TOTAL AND PERMANENT DISABILITY

Our records indicate that you have one or more student loans discharged because of total and permanent disability. Before you can be considered for additional federal student loans, you must do the following:

1) Provide a physician's certification stating that you are able to engage in "substantial gainful activity" such as work performed for pay. Please use the certification below.
2) Sign the statement at the bottom of this form.

PHYSICIAN'S CERTIFICATION

This is to certify that _____ has the ability to engage in substantial gainful activity. The Department of Education's definition of substantial gainful activity is "a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both."

_____ _____
Printed Name of Physician (printed) *Signature of Physician*

_____ _____
Street Address *State and License Number*

_____ _____
City *State* *Zip Code* *Telephone Number*

_____
Date

STUDENT STATEMENT

I acknowledge that any new federal loan(s) that I receive cannot be discharged in the future based on any present condition unless my condition substantially deteriorates so that I am again totally and permanently disabled.

_____ _____
Student Signature *Date*

EASTERN ILLINOIS UNIVERSITY
OFFICE OF FINANCIAL AID AND SCHOLARSHIPS, 600 LINCOLN AVENUE, CHARLESTON, IL 61920
TELEPHONE 217-581-3713 FAX 217-581-6422 EMAIL finaidverification@eiu.edu