Financial Aid Office
Physician’s Certification of Borrower’s Ability to Engage in Substantial Gainful Activity 2017-2018

According to the National Student Loan Data System (NSLDS), you have one or more student loans that were discharged due to a total and/or permanent disability. A total and permanent disability is 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. Before you can receive additional federal student loans, this form must be completed and returned to the NSU Office of Financial Aid at the below stated address.

SECTION 1: To be Completed by the Borrower

Student’s Name: _____________________________________________________________________     ID: _________________
(Last Name)                                                 (First Name)                                  (MI)

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.

Acknowledgement of Inability to Cancel Loan: I hereby acknowledge that any William D Ford Federal Direct Loan(s) which I receive subsequent to this statement cannot be discharged in the future on the basis of any injury or illness present to the time the new loan is made, unless my condition substantially deteriorates so that I am again totally and permanently disabled.

Signature of Borrower: ____________________________________________      Date: _________________

Section 2: Instructions for the Certifying Physician

Instructions to Physician: The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment, which was expected to continue for a long and indefinite period of time or to result in death.

You are asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines “substantial gainful activity” as “a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking”.

Section 3: Physician’s Certification of Borrower’s Ability to Engage in Substantial Activity

I certify in my professional opinion that (borrower) ________________________________________, as named above, is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

I further certify, that I am a doctor of (check one) __Medicine __Osteopathic Medicine

________________________________________________      ______________________
Physician’s Signature   (a signature stamp is not acceptable)   License No.

Physician’s Full Name

Street Address

City, State, Zip

Phone Number      Fax

Please read the above statements and return your signed original form to Norfolk State University, Financial Aid Office, 700 Park Avenue, Suite 211, Norfolk, VA 23504. If there are any questions, please contact our office at FinancialAid@nsu.edu or (757) 823-8381.