

Physician's Certification and Borrower's Acknowledgement 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 Maryville Student Service Center.

Warning: If you receive student aid based on incorrect information, you may have to return it and/or pay fines and fees.

Affirmation: By signing below, I certify that all information I have submitted is accurate and verified with supporting documentation.

Section 1 – Borrower Information (To be completed by borrower)

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

Name: _____ Maryville ID #: _____

Address: _____ City: _____ State: _____ Zip: _____

Borrower Signature: _____ Telephone: _____ Date: _____

Section 2 - Physician's Certification (To be completed by physician)

Instructions for Physician: You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling impairment or condition has substantially improved.

Certification (check one)

☐ I certify that in my professional judgement, the patient/borrower named above is able to engage in substantial gainful activity and can attend school. I have attached my statement on office letterhead. *(Refer to Physician's Instruction on back page.)*

☐ In my professional medical judgement of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity and can attend school. I have attached my statement on official letterhead. *(Refer to Physician's Instructions on back page)*

Date Borrower became able to work and earn wages: _____
MM/DD/YY

Physician's Name: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

State of Professional Registration: _____ Physician's license number: _____

Signature of Physician (M.D. or D.O) : _____ Date: _____



Borrower Acknowledgment

I, the undersigned, do hereby acknowledge that any subsidized and/or unsubsidized Federal Stafford or Plus loan(s) disbursed on or subsequent to the date this acknowledgment is signed and entered into may not be discharged in the future on the basis of any present impairment or condition unless that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in 34 CFR 682.200.*

*34 CFR 682.200 defines total and permanent disability 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.

Borrower's Signature: _____ Date: _____

Borrower's Name (Printed): _____ Maryville ID #: _____

PLEASE RETURN THIS FORM TO:
Maryville University Visitor Center Gander 124
650 Maryville University Drive, St. Louis, MO 63141
Email:
ssc@maryville.edu
Fax: 314.529.9925

Physician's Certification and Borrower's Acknowledgment of Obligation

Federal Loan Programs: Stafford Loans, PLUS Loans for Parents

GENERAL INFORMATION

This form is used to obtain a physician's certification and a borrower's acknowledgement. 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 canceled 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 Program: Stafford Loans, PLUS Loans for Parents.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

To be totally and permanently disabled the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability. The physician is to assess the impact of the borrower's disability on his or her ability to earn income in light of what the borrower would normally be able to earn if he or she were not disabled. If the disability appears to have a significant adverse effect the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition. If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV Federal Student Aid.

BORROWER INSTRUCTIONS

- The borrower must complete Section 1 of the Physician's Certification along with the Borrower Acknowledgement.
- Have Section 2 of the Physician's Certification completed and signed by a Doctor of Medicine or Doctor of Osteopathy.
- Return this completed form to the Maryville Student Service Center along with Doctor's statement on their office letterhead.

It is recommended that you keep a copy of this and all other financial aid forms for your records. You may need to provide a copy of this statement as evidence of your eligibility for future student loans.

PHYSICIAN INSTRUCTIONS

- 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.
- You are being asked to complete, sign and date this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the box [] beside the statement applicable to the borrower's condition.
- Please include a typed/written statement on official physician's office letterhead signed by you, the certifying physician.

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 routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational 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.