Aid Year: _____

DOCUMENTATION OF STUDENT DISABILITY STATUS
Physician's Certification and Borrower's Acknowledgment of Obligation

Full Name: _____ **OU ID#:**_____

The National Student Loan Data System (NSLDS) indicates that you have one or more federal student loans discharged because of a total and permanent disability. **Before you can receive additional federal student loans,** you must complete this form and return it to the University of Oklahoma Student Financial Center. (SFC)
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.*

What You Must Do:
1. If you **DO NOT** want to apply for federal student loans, check this box and sign/date below: ☐

Student Signature	Date

STOP: You do not have to complete the remainder of this form. Return the form to the SFC.

2. If you want to apply for a federal student loan or TEACH Grant, complete the remainder of this form.

SECTION I – TO BE COMPLETED BY BORROWER (SEE PAGE 2 FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

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

1. Name of Borrower (First, Middle Initial, Last)		2. Telephone Number
3. Address	4. City, State	5. ZIP Code

By signing this form, I acknowledge that any loans (or previously discharged loans that may be reinstated) or TEACH Grant service obligations 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. I also understand that if my prior loan(s) are in a post-discharge monitoring period, I must also resume payment on the old loan(s) before receipt of a new Direct Loan or TEACH Grant. If the loan for which I must resume payment was in default when it was discharged or conditionally discharged, the loan will remain in default upon reinstatement and must be resolved prior to receiving any additional federal financial aid.

6. Student Signature	7. Date

SECTION II – TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE PAGE 2 FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. Physician's Certification (Check One)

☐ **I certify that in my professional medical judgment, the patient named above is able to engage in substantial gainful activity. (Refer to Physician's Instructions on Page 2.) Provide a date in box 2 .**

☐ **In my professional medical judgment of the patient named above, I cannot certify that he/she is able to engage in substantial gainful activity. (Refer to Physician's Instructions on Page 2.)**

2. Physician determined date the patient became able to work and earn wages: (MM/DD/YYYY):

3. Type or print name of physician	**I am legally authorized to practice in the state of:**
4. Address	**5. City, State, ZIP Code**
6. Signature of physician (M.D. or D.O.) **Date:**	**7. Physician's license number and phone number.**

Physician's Certification and Borrower's Acknowledgment of Obligation (page 2)

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 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) or TEACH Grant (s).

DEFINITIONS

For purposes of Federal Student Aid, the phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Total and permanent disability is the condition of an individual who:

- Is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period of at least 60 months; or can be expected to last for a continuous period of at least 60 months; OR
- Has been determined by the Department of Veterans Affairs to be unemployable due to a service-connected disability.

BORROWER INSTRUCTIONS

- The borrower must complete Section 1 if applying for a federal student loan or TEACH Grant.
- Have Section II of the form completed and signed by a Doctor of Medicine or Doctor of Osteopathy. Provide phone number.
- Return this completed form to the Student Financial Center.

THE UNIVERSITY OF OKLAHOMA
STUDENT FINANCIAL CENTER
1000 Asp Avenue, Room 105
Norman, Oklahoma 73019-4078
Phone (405) 325-9000 Fax (405) 325-7608
sfc@ou.edu

It is recommended that you keep a copy of this form 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 the borrower is able to engage in substantial gainful activity. (See definition above) Provide your office phone number.

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, 34 C.F.R. §674.61, 34 C.F.R. §682.402, 34 C.F.R. §685.213, and 34 C.F.R. §686.42.
- 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 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 Direct Loans or Teach Grants.