



Student Certification after Permanent and Total Disability Loan Cancellation 2009-2010

Student's Name (please print)

Banner ID No.

Address

City/State/Zip Code

Telephone No.

E-Mail Address

STUDENT: If you wish to receive a new student loan(s), you must sign the statement below. In addition, you must submit to our office an original certification from a legally licensed physician stating that your condition has improved. **NOTE:** If you wish to apply only for grants and work-study, you must complete and sign the statement on the bottom half of this form.

- 1. BORROWER** acknowledges that he/she has had previous FFEL loan(s) cancelled due to certification of permanent and total disability by his/her physician.
- 2. BORROWER** acknowledges that he/she is now able to engage in substantial gainful activity.
- 3. BORROWER** acknowledges that attached is a certificate from his/her physician stating that BORROWER is now able to engage in substantial gainful activity.
- 4. BORROWER** acknowledges that any new FFEL loan(s) he/she receives cannot be cancelled in the future on the basis of any impairment present when the new loans(s) is/are made, unless that impairment substantially deteriorates to the extent that the definition of total and permanent disability is met again.

Student's Signature

Date Signed

STUDENT: If you do not wish to be considered for student loans, please sign the statement below. I **do not** wish to be considered for student loans for 2009/2010.

Student's Signature

Date Signed