

Loan Office
351 West Center
Cedar City, UT 84720
(435) 586-7728

PHYSICIAN'S CERTIFICATION OF BORROWER'S TOTAL DISABILITY

WARNING: ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM MAY BE SUBJECT TO FINE OR IMPRISONMENT UNDER SECTION 1101 OF THE UNITED STATES CRIMINAL CODE.

PART 1: To be completed by borrower

Full Name and Address: _____

Social Security Number: _____

I am applying for total cancellation of my Federal Perkins Loan because I am permanently and totally disabled. This means I am unable to work and earn money because of an impairment that is expected to continue indefinitely or result in death.

CONSENT FOR RELEASE OF INFORMATION: I authorize any hospital, physician, or other institution having records pertaining to my medical condition to make information available to the SUU Loan Office.

Signature of Borrower Date

PART 2: To be completed by certifying physician

_____ has applied for a total cancellation of his/her Federal Perkins Loan because of a medical disability. The following information is required before the loan can be cancelled.

- 1) Diagnosis of borrower's present medical condition. (Please attach copies of all documents the pertain.)
- 2) When did the borrower's present illness or injury start? _____
- 3) Date borrower became unable to work. _____
- 4) Prognosis: Is the condition static? Yes___ No___ (If no, what optimum improvement can be expected)
- 5) Is this by definition a PERMANENT and TOTAL DISABILITY? Yes___ No___
(*Permanent and Total Disability is the inability to work and earn money or attend school because of an impairment that is expected to continue indefinitely or result in death.)*
- 6) Other pertinent comments.

TYPE OR PRINT NAME AND ADDRESS OF PHYSICIAN: _____

PHONE: _____

Signature of Physician Date

PHYSICIAN'S CERTIFICATION
OF
BORROWER'S TOTAL AND PERMANENT DISABILITY
Department of Education Student Loan Programs

GENERAL INSTRUCTIONS:

This form is used for obtaining a physician's certification of a borrower's permanent and total disability for the purpose of cancellation of the borrower's obligation to repay his or her student loan(s) obtained under one or more of the following student loan programs:

- Guaranteed Student Loan Program (GSLP)
- Health Education Assistance Loan (HEAL)
- National Defense of Direct Student Loans (NDSL)
- United States Loan Program for Cuban Students (USLPCS)

This form is recommended but not required for NDSL Loans.

NOTE: Borrowers who owe GSLP loans and who are only partially or temporarily disabled may be eligible for a loan deferment if the borrower is in enrolled in a an approved rehabilitation program.

impact of the borrower's disability on his or her ability to earn income in comparison to what the borrower would normally be she were not disabled. If the disability appears to have a significant adverse effect on the borrower's earning potential, not only performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long of tim, then the borrower shall be considered permanently disabled under this definition.

It should be noted that the standard for determining disability for cancellation of the borrower's loan obligation may be different under other public and private programs in connection with occupational disability or eligibility for social service benefits.

INSTRUCTIONS FOR SECTION I - BORROWER

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1. A representative of the borrower may complete this section and sign the form on the borrower's behalf if the borrower is unable to do this because of his or her disability.
 2. Have Section II of the form completed and signed by a doctor of medicine or doctor of osteopathy.
 3. Return two completed copies of this form to each lender which has made a loan to you under any of the student

INSTRUCTIONS FOR SECTION II - PHYSICIAN

1. You are being asked to complete and sign this form to certify that the borrower is totally and permanently disabled.
2. 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.
3. Sign the certification only if the borrower's condition meets the above definition of total and permanent disability.
4. Please make your report complete as to the nature, duration, and severity of the borrower's present and future impairment. You may attach additional pages if necessary.

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