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| GPTC Logo | ***Office of Financial Aid***  DeKalb Campus –Bldg. A  Room 163: Fax: 404-294-6290  Newton Campus- Bldg. A  Room 214: Fax: 770-784-2475 | Physician’s Certification2017-2018 School Year |

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Student’s Last Name First Name MI

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP (Area Code) Phone Number

**1**. United States Department of Education regulations allow students to discharge their federally regulated

student loans based on permanent total disability. The definition for permanent total disability is “the

borrower must be unable to work and earn money or go to school because of injury or illness that is

expected to continue indefinitely or result in death. The total disability cannot be based on a condition

that existed before the borrower applied for the loan, unless the condition has since substantially

deteriorated. (Temporary or Total Disability Certification Form).

**2**. The United States Department of Education will allow students who have had federally regulated

student loans discharged due to total permanent disability borrow additional funds, providing the

student:

**(A)** obtains a certification from a physician that the borrower is able to engage in substantial

gainful activity (defined as attending school, successfully completing the program and securing

employment to repay the new loan) and;

**(B)** signs a statement acknowledging that the loan the borrower receives cannot be cancelled in

the future on the basis of any impairment present when the new loan is made, unless that

impairment substantially deteriorates. (Federal Register, Vol 74, No 208, Thursday, October

29, 2009, Rules and Regulations, 55976.)

I certify that, in my professional judgment, the condition of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who

has had federally regulated student loans discharged based on total permanent disability (see bullet 1

above), has ***improved enough*** to allow him/her to engage in substantial gainful activity (see

bullet **2A** above).

***Warning:*** Any person who knowingly makes a false statement of misrepresentation on this form shall

be subject to penalties which may include fines or imprisonment under the United States Criminal

Code.

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

Please print or type the following information:

Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_