



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 Certification
 2018-2019 School Year

Student's Last Name _____ First Name _____ MI _____ ID # 900 _____
 _____ 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: _____

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Title IX Coordinator: Debra Gordon, Assoc. VP Academic Affairs, Georgia Piedmont Technical College, 495 North Indian Creek Drive, Clarkston, GA 30021, Rm 103A, gordond@gptc.edu, 404 297-9522, Ext.1176.
Equal Employment Opportunity (EEO) Compliance Officer: Lolita Morrison, Director Human Resources, Georgia Piedmont Technical College, 495 North Indian Creek Drive, Clarkston, GA 30021, Rm 157A, morrison@gptc.edu, 404 297-9522, Ext. 1210
ADA/504 Coordinator: Lisa Peters, Special Services Director, Georgia Piedmont Technical College, 495 North Indian Creek Drive, Clarkston, GA 30021, Rm 170A, petersl@gptc.edu, 404 297-9522, Ext. 1154