FDU
Personal. Global. Transformational.

Physician's Certification
Borrower's Ability to Engage in Substantial Gainful Activity

Last Name:	First Name:	FDU ID#

Your FAFSA indicates you have had one or more federal student loans discharged because of total and permanent disability **OR** you have an active application for federal student loan discharge because of total and permanent disability. Your eligibility for federal student loans cannot be determined until this certification is complete.

Consent for Release of Information

I authorize any physician having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Fairleigh Dickinson University.

Acknowledgment of Inability to Cancel Loan:

I hereby acknowledge that any Federal Direct Loan(s) or TEACH Grant which I receive subsequent to this statement cannot be discharged in the future on the basis of any injury or illness present at the time the new loan is made unless my condition substantially deteriorates so that I am again totally and permanently disabled.

Note: If you have prior federal loan(s) that are within the three-year provisional period allowed for disability discharge, you will be required to resume repayment.

Student's Signature:_____ Date:_____

Instructions to Physician

The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was totally and permanently disabled.

You are asked to certify that the borrower named above is able to engage in substantial gainful activity. Effective July 1, 2013, the U.S. Department of Education defines "substantial gainful activity" as, "a level of work performed for pay or profit that involves doing significant physical or mental activity, or both."

Physician Certification of Borrower's Ability to Engage in Substantial Activity:

I certify in my best professional judgment (borrower's name)_____ is able to engage in substantial activity as defined by the U.S. Department of Education.

Signature of Physician (M.D. or D.O.):_____

I am Legally Authorized to Practice in the State of:_____Today's Date:_____/_____/_____

Type or Print Physician's Name: _____

Address:_____

Office and Fax Number:_____