



BORROWER ACKNOWLEDGEMENT STATEMENT TOTAL AND PERMANENT DISABILITY DISCHARGE

Academic Year: 20____ to 20____

Name: _____

Student ID: _____

The National Student Loan Data System (NSLDS) reported that you have one or more Federal Direct Student Loan(s) discharged due to Total and Permanent Disability. This form **MUST** be completed and requested documentation returned to the Financial Aid Office before your financial aid eligibility can be determined.

The student must sign a new acknowledgment for each new loan received while attending Santa Clara University.

A physician's certification is required **only once** before a student may borrow new federal loans after a disability discharge. The school will maintain this certification in the student file.

- ☐ A signed certification from my physician is attached.
- ☐ I have previously submitted a signed certification from my physician.

Acknowledgment Statement

By signing this document, I acknowledge that any new Federal Direct Student Loan that I may qualify for cannot be discharged in the future for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I am also aware that before I can receive any Federal Direct Student Loan, I must obtain a physician's certification stating that I can engage in "substantial gainful activity." I certify that the information given on this form is true and complete.

Student Signature (required)

Date

PHYSICIAN CERTIFICATION OF BORROWER'S SUBSTANTIAL GAINFUL ACTIVITY

The student listed below has previously had Federal Student Aid (FSA) Loans discharged due to a total and permanent disability claim approved by the U.S. Department of Education. The student is now applying for a new FSA loan or TEACH Grant for attendance at Santa Clara University. Per Department of Education guidelines, the student is required to obtain a physician's certification that they have the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Name: _____

Student ID: _____

Instructions for the Physician:

- Complete this form only if you are a doctor of medicine or osteopathy legally authorized to practice in a state (see definition below).
- Type or print in dark ink. All fields must be completed, if applicable. Your signature date must include month, day, and year (mm-dd-yyyy).
- If you make any changes to the information you provide in this form, you must initial each change.
- Please return the completed form to the student for processing with their new FSA loan or TEACH Grant application.

Physician's Certification:

- I certify that, in my best professional judgment, the student identified above IS / IS NOT capable of engaging in substantial gainful activity. If the student is able to work, and earn money in any capacity in any field of work, even if only on a limited basis, you must indicate that the student is capable of engaging in substantial gainful activity.
- I understand that a student who is currently able or who is expected to be able to work and earn money in *any* capacity in *any* field of work, even on a limited basis, does not have a total and permanent disability as determined by the U.S. Department of Education.

I am a doctor of (check one) medicine ____ / osteopathic medicine ____ in the State of _____.

My professional license number is _____.

Physician's Signature (a signature stamp is not acceptable)

Date (mm-dd-yyyy)

Printed Name of Physician (first name, middle initial, last name)

Telephone Number

Street Address

City, State, Zip Code