



**CERTIFICATION OF STUDENT LOAN ELIGIBILITY
AFTER TOTAL AND PERMANENT DISABILITY
CANCELLATION**

To be completed by the student

Student Name _____
(Please print)

SSN _____

I certify that I understand that the Federal Stafford Loan I will receive for the _____ academic year cannot be cancelled (discharged) on the basis of any present impairment unless that condition substantially deteriorates to the extent that the definition of total or permanent disability is again met.

Student signature _____

Date _____

To be completed by the student's physician

Physician's Name _____
(Please print or stamp)

Telephone # _____

I certify that the above-named student's condition has improved and the student has the ability to engage in substantial gainfull activity or can attend school.

Physician's Signature _____

Date _____