



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

To be completed by the student.

Student Name _____ SSN _____
(please print)

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 _____ Telephone # _____
(please print of stamp)

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

Physician's Signature _____ Date _____