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WAYNE STATE UNIVERSITY | Office of Student Financial Aid

The Welcome Center • 42 West Warren • P.O. Box 2340 • Detroit, MI 48202-0340 • Fax: 313-577-6648

studentservice@wayne.edu • wayne.edu/financial-aid • Check your aid status at academica.wayne.edu

Physician Certification Form after Loan Discharge

Student's First Name		**9-digit WSU Student ID #**	
Student's Last Name		**Phone Number**	

If you have been granted a Total and Permanent Disability (TPD) Discharge you will not be eligible to receive a new Direct Loan unless: (1) You obtain a certification from a physician that you are able to engage in substantial gainful activity; and (2) You complete the Borrower Acknowledgement Statement Form acknowledging that the new loan cannot be discharged unless your condition substantially deteriorates so that you are again totally and permanently disabled. You do not have to submit these forms if you do not want to borrow.

☐ I **DO NOT want to borrow** Federal Student Loans. **You do not need to complete the release or physician certification.**

_____

Student's Signature **(signature must be handwritten with ink or stylus)** **Date**

Student consent for release of information

I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a loan(s) cancelled to make information from such records available to the WSU Office of Financial Aid, U.S. Department of Education, or the holder of my loan(s).

Student's Signature (signature must be handwritten with ink or stylus) **Date**

Physician instructions and certification

Definition of Total and Permanent Disability: To be totally and permanently disabled the borrower must be UNABLE to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death.

This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability. The physician is to assess the impact of the borrower's disability on the ability to earn income considering what the borrower would normally be able to earn if not disabled. If the disability appears to have a significant adverse effect the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period, then the borrower shall be considered permanently disabled under this definition.

If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV (federal) student aid.

Privacy Act Notice: The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601. The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity; and in the event it is necessary, to locate the borrower's certifying physician. The routine uses of this information include its disclosure to Federal, State, or local agencies, to guaranty agencies, to education and financial institutions, and to agency contractors for the purpose of verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud; and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request. This information is necessary to process requests for new Federal Loan Programs.

Check one

_____ I certify that in my professional medical judgement, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

_____ In my professional medical judgement of the patient/borrower named above, I **CANNOT** certify that he/she is able to engage in substantial gainful activity.

Date borrower became able to work and earn wages (MM/DD/YYYY):_____

Physician Signature:	Physician Name:	Date:
Address of Practice:		Telephone Number:
I am doctor of (check one): ____Medicine _____Osteopathy	License Number:	State of License: