



PHYSICIAN'S CERTIFICATION OF BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY

DIRECTIONS: Student should complete Section 1 and have their physician complete Section 2. The physician's office should then **fax** the completed form to the Kilgore College Financial Aid Office at (903) 988-7528.

SECTION 1: To be completed by the Borrower

Name of Borrower: _____ **Borrower's Student ID #:** _____

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Kilgore College.

Acknowledgement of Inability to Cancel Loan: I hereby acknowledge that any William D. Ford Federal Direct Loan(s) 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.

IN ADDITION if your discharge was granted based on documentation from the SSA or a physician's certification and you request a new Direct Loan, Perkins Loan, or TEACH Grant during the 3 year post discharge monitoring period described earlier, you must resume repayment on the previously discharged loans or acknowledge that you are once again subject to the terms of your TEACH Grant service obligation before you can receive the new loan or TEACH Grant.

Student Signature: _____ **Date:** _____

SECTION 2: To be completed by Certifying Physician (Fax form to 903-988-7528)

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, 2011, 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's Certification of Borrower's Ability to Engage in Substantial Activity

I certify in my best professional judgment that (borrower) _____, as named above, is able to engage in substantial activity as defined by the U.S. Department of Education.

Physician Signature (M.D. or D.O.): _____ **Date:** _____

I am legally authorized to Practice in the State of _____ **License #:** _____

Type or Print Physician's Name: _____

Physician's Address: _____

Office Phone Number: _____ **Fax Number:** _____