

BORROWER CERTIFICATION FOR DISABILITY
2026-2027

STUDENT NAME _____ SSC STUDENT ID # _____

Please indicate your intentions for loan borrowing in the current aid year and sign on the Student Signature line

- I do not wish to borrow student loans for the 2026-2027 financial aid year.
- The United States Department of Education will allow me to borrow additional federally regulated loans to continue my education providing my physician completes the **Physician's Certification of Borrower's Disability Form** indicating my condition has substantially improved to allow me to engage in "substantial gainful activity".

I certify I have had prior student loans discharged due to Total and Permanent Disability. I understand any new federal student loan I may borrow cannot be discharged due to my current disability, unless my condition significantly deteriorates, as verified by a state-licensed physician.

I am fully aware that if I have been granted a student loan discharged due to Total and Permanent Disability within the last three years, and I am currently in the "three-year conditional discharge period", that borrowing additional student loans may void my prior discharge and that I must resume repayment immediately. I also understand that if my loan was in a default status prior to the discharge that loan will re-enter that default status and I will not be eligible for additional Title IV aid until satisfactory repayment arrangements have been made.

Student Signature _____ Date _____

Please forward this form to your physician to complete the certification below
PHYSICIAN'S CERTIFICATION

Instructions for Physician: The borrower listed above is applying for a Federal Direct Loan. Previously the person identified above had loans discharged because of a permanent disability. The borrower now wishes to return to school.

You are being asked to complete the form to certify the borrower is no longer totally disabled and is able to engage in substantial gainful activity. Substantial gainful activity is defined as "a level of work performed for pay that involves doing significant physical or mental activities or a combination of both." This is required by the federal government (**Federal Register Vol.59, No.228, Tuesday, November 29, 1994, Rules and Regulation 61215**).

Please complete this section completely and sign the certification below (**signature stamp is not acceptable**).

- I certify, in my best professional judgment, the borrower identified has the ability to engage in substantial gainful activity.
- I certify, in my best professional judgment, the borrower identified **DOES NOT HAVE** the ability to engage in substantial gainful activity.

Type or Print Physician's Name _____

I am legally authorized to practice in the state of _____ Physician's License Number _____

Address, City, State, Zip _____ Telephone Number _____

Signature of physician (M.D or D.O.) _____ Date _____