Physician's Certification Form
2027-2028

Revised: 11/3/26

Student's Name _____ **SSN** _____

The U.S. Department of Education regulations allow students to discharge their federally regulated student loans based on permanent/total disability. The definition of permanent/total disability is, "the borrower must be unable to work and earn money or go to school because of injury or illness that is expected to continue indefinitely or result in death. The total disability cannot be based on a condition that existed before the borrower applied for the loan, unless the condition has since substantially deteriorated".

The U.S. Department of Education will allow students who have had federally regulated loans discharged due to permanent/total disability borrow additional funds, providing the student:

1. "Obtains a certification from a licensed physician that the borrower IS able to engage in substantial gainful activity (defined as attending school, successfully completing the program and securing employment to repay the new loan) and;

2. Sign a statement acknowledging that the loan the borrower receives cannot be discharged in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates" (Federal Register, Vol 59, No 228, Tuesday, November 20,1994, Rules and Regulations, 61215)

I certify that in my professional judgment, the condition of: _____,
(Name of patient/borrower)
who has had federal regulated student loans discharged based on permanent/ total disability (see bullet 1 above), has improved enough to allow him/ her the engage in substantial gainful activity (bullet 2 above).

Warning: Any person who knowingly makes a false statement of misrepresentation on this form shall be subject to penalties, which may include fines or imprisonment under Title 20, United States Criminal Code, Section 1097.

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

Please print or type the following information:

Physician's Name: _____

Physician's Address: _____

_____

Physician's Phone: _____

This **completed & signed** form can be submitted via: **Mail:** Nelson University, Attn: Financial Aid, 1200 Sycamore St, Waxahachie, TX 75165 **Fax:** (682)224-8644 **Email:** financialaid@nelson.edu