OFFICE OF FINANCIAL AID
DIVISION OF ENROLLMENT AND ACCESS
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Borrower's CSUID



## **Total and Permanent Disability Discharge Certification from Physician and Borrower**

We have received the information you submitted on the Free Application for Federal Student Aid (FAFSA). Based on information from the National Student Loan Data System, you previously received loans that were discharged due to total and permanent disability. A hold has been placed on the processing of your FAFSA until the following certification statements are completed and submitted to the Office of Financial Aid.

## **BORROWER'S CERTIFICATION**

I acknowledge that any additional loans that are received cannot be discharged in the

future on the basis of any impairment present when the new loan is impairment substantially deteriorates pursuant to CFR 685.200(a)(i	*
Borrower's Signature	 Date
Borrower's Name (please print or type)	-

## PHYSICIAN'S CERTIFICATION

Under the Federal Direct Loan Program administered by the United States Department of Education, a borrower is entitled to receive additional Federal Direct Loans after a period of total and permanent disability only if a qualified physician can certify the borrower's ability to engage in substantially gainful activity pursuant to CFR 685.200(a)(iv)(A)(1).

Have your physician complete the following:	
I certify that, in my best professional judgment, my patientis now able to engage in substantially gainful activity.	
I am legally authorized to practice medicine/osteopathy in the State I declare under penalty of perjury under the laws of the United States the aforementioned is true and correct.	
Signature of Physician (M.D. or D.O.)	Date
Physician's Name (please print or type)	
Physician's Street Address	
Physician's City/State	
Physician's Telephone Number	