



Physician's Certification Form for Release of Total & Permanent Disability Qualification by the Department of Education

Borrower Instructions: Please have your physician complete this form. Return the completed form to the OneStop Office.

Physician Instructions: Complete the information below. This patient/borrower was previously certified to be totally and permanently disabled. You are being asked to complete this form to certify that the patient's/ borrower's condition has now sufficiently improved to permit him or her to engage in gainful activity. Substantial gainful activity is defined as the borrower's ability to work and earn money. If this statement is true for the patient, please complete option one. If this statement is not true, please complete option two.

Option One: Physician Certification If In Agreement:

I, _____, (Physician's Name) certify that the impairment(s) of _____ (Patient/Borrower's Name) has improved sufficiently to allow the patient/borrower to engage in substantial gainful activity. The patient/borrower regained the ability to engage in substantially gainful activity as of _____.
(mm/dd/yyyy)

Option Two: Physician Certification if Not In Agreement:

I, _____, (Physician's Name) do not agree that the impairment(s) of _____ (Patient/Borrower's Name) has improved to allow the patient/borrower to engage in substantial gainful activity. Please note: If you are not in agreement, this does not prevent this person from attending college or from receiving grant funding. It does, however, prevent this person from receiving federal student loans.

Additional Comments: _____

I am a doctor of (check one) _____ medicine _____ osteopathy.

(Physician's Signature) (Date)

(Physician's Printed Name)

(Physician's License Number)

(Physician's Telephone Number)