



## 2026-2027 Physician's Certification Form

For reinstatement of borrower's student loan eligibility after earlier discharge of loans due to total and permanent disability

**Directions to Borrower:** Give this form to your physician to be completed. The physician must be a licensed Doctor of Medicine or Doctor of Osteopathy. Return this form by scanning the completed copy along with the completed Borrower Acknowledgement Form to the Financial Office.

**Directions to Physician:** Please complete the information below. The patient/borrower was previously certified to be totally and permanently disabled. In completing and signing this form you are certifying that the patient/borrower's condition has now sufficiently improved to permit him/her to engage in substantial gainful activity. This means that he/she is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment.

### Physician's Certification

I, \_\_\_\_\_ certify that the impairment of  
Physician's Name

\_\_\_\_\_ has improved sufficiently to allow the  
Patient/Borrower's Name

patient/borrower to engage in substantial gainful activity, as defined above in the directions.

The patient/borrower regained the ability to engage in substantial gainful activity on or about

\_\_\_\_\_.  
Date (mm/dd/yy)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Printed Name

\_\_\_\_\_  
Physician's License Number

\_\_\_\_\_  
Physician's Office Telephone Number