



Please complete in blue or black ink if possible. Typed signatures will not be accepted.

Student Financial Services

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SPU.EDU/SFS

## Federal Loan Discharged Due to Disability

STUDENT NAME: \_\_\_\_\_ SPU ID: \_\_\_\_\_

Information from the National Student Loan Data System (NSLDS) indicates that you have one or more prior federal loans discharged due to total or permanent disability. In order to be able to award or disburse additional federal loans to you, the following information must be provided.

If you have submitted a Physician's Certification Statement and signature to SPU in the past, you are not required to have Section A completed again.

### SECTION A: Physician Certification Statement and Signature (to be completed by a physician only)

Physician Certification: *I certify that my patient, the Direct Loan Borrower identified above, has a disability condition that has improved and, in my professional opinion, has the ability to engage in substantial gainful activity. The phrase "substantial gainful activity" generally describes a situation in which a borrower is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the borrower is seeking. I understand that I may be contacted by Student Financial Services for clarification of this student's status.*

Physician Name/License Number(s): \_\_\_\_\_

Specialty: \_\_\_\_\_

Office Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**By signing this form, I attest that the above physician certification is true, accurate and complete. I further understand that false statements or misrepresentations may subject me to a fine or imprisonment, or both, under provisions of the United States Criminal Code.**

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

### SECTION B: Certification and Signature (to be completed by Direct Loan Borrower only)

*I understand that neither the conditionally discharged loan(s) nor any new federal loan(s) can be discharged on the basis of my current disability unless that disability substantially deteriorates.*

*If I have a loan in a post-discharge monitoring period or the conditional discharge period, I agree to resume making payments on those loan(s) and understand that proof that repayment has begun is required before any new loans may be disbursed.*

*Please select one of the following:*

- ☐ *I have a loan in a post-discharge monitoring or conditional discharge period. Proof that collection has begun is attached.*
- ☐ *I have a loan discharged based on a determination from the VA due to a service-connected disability.*
- ☐ *I have provided a Physician's Certification Statement to SPU previously.*

**By signing this form, I attest to the above student certification. I further understand that false statements or misrepresentations may subject me to a fine or imprisonment, or both, under provisions of the United States Criminal Code.**

Direct Loan Borrower Signature \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_