



Financial Aid Office

1375 S Clare Ave, Harrison, MI 48625 • Phone: 989-386-6664, Fax: 989-386-6613

finaid@midmich.edu

Eligibility reinstatement form for Federal Student Loan Programs

The National Student Loan Database system (NSLDS) indicates that you have one or more student loans discharged because of a total or permanent disability. **Before you can receive additional federal student loans**, these forms must be completed by you and your physician. All three pages need to be returned to our office for processing.

MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM

This form serves to reestablish your eligibility for Federal Student Loan Programs when prior loans have been discharged due to total and permanent disability. Completion of this form does not guarantee that you will qualify for the Federal Student Loan Programs.

STUDENT SECTION

Student Legal Name (Please Print): _____ Student ID: _____

I acknowledge that I have previously received a total and permanent disability discharge either through the Federal Family Education Loan (FFEL) Program, Federal Direct Loan Program, Federal Perkins Loan Program, or TEACH Grant Service Program. By my signature below, I acknowledge that I have the ability to engage in substantial gainful activity. Substantial gainful activity means a level of work performed for pay or profit that involves doing significant physical or mental activities, or a combination of both. I clearly understand that any additional Federal student loans I receive must be repaid in full and cannot be cancelled in the future based on any present impairment when the new loan is made unless that impairment substantially deteriorates so that I am again totally and permanently disabled as determined by my physician. I also understand that if I borrow a new Federal student loan during the post-discharge monitoring period I must also resume payment on the old loan before receipt of the new loan.

Student Signature: _____ Date: _____

CONSENT FOR RELEASE OF INFORMATION:

I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Clarion University, the U.S. Department of Education, or to the holder of my loan(s). Signature. Manually sign with a ballpoint pen. *Forms with digital/electronic/typed signatures cannot be accepted and will be returned.

Student Signature: _____ Date: _____



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PHYSICIAN SECTION

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. As stated in the Student Section above, the borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in substantial gainful activity, i.e., the person is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

Check only one that applies to the above-mentioned student:

- I certify in the best professional judgment that the above named student **IS NOT** able to engage in substantial gainful activity as defined by the U.S. Department of Education.
- I certify in my best professional judgment that the above named student **IS** able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature: _____ Date: _____

Physician's license number: _____

I am legally authorized to practice in the state of: _____

Please type or print the following:

Physician Name: _____

Address of Practice: _____

Office Phone Number: _____ () _____



Physician's Certification and Borrower's Acknowledgment of Obligation

Federal Loan Programs: Direct Loans, PLUS Loans for Parents

GENERAL INFORMATION

This form is used to obtain a physician's certification and a borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Loan Program: Stafford Loans, PLUS Loans for Parents.

DEFINITION OF TOTAL AND PERMANENT DISABILITY

To be totally and permanently disabled the borrower must be unable to work and earn money or attend school because of an injury or illness that is expected to continue indefinitely or result in death. This definition calls for a judgment decision as to the borrower's ability to earn income despite his or her disability.

The physician is to assess the impact of the borrower's disability on his or her ability to earn income in light of what the borrower would normally be able to earn if he or she were not disabled. If the disability appears to have a significant adverse effect the borrower's earning potential, not only in the type of work performed before the impairment but for any substantial gainful employment, and the disability is expected to last for a long and indefinite period of time, then the borrower shall be considered permanently disabled under this definition.

If, however, the borrower's condition has improved so that the borrower is able to engage in substantial gainful activity or attend an institution of postsecondary education, a reaffirmation (reinstatement, no longer in discharge status) can be processed to allow the borrower to complete procedures for eligibility for Title IV Federal Student Aid.