

Physician Certification

This form is used to provide consent for release of information from a physician, hospital, or other institution having records pertaining to the total and permanent disability (TPD) discharge from one or more federal student loan(s) and/or Teacher Education Assistance for College and Higher Education (TEACH) Grant service obligation. Complete this form, add the required signature(s) in black or blue ink. If you have questions, contact the JC Office of Financial Aid at 517-796-8410.

Student Information

Student Name: _____ JC ID: _____
(Printed)

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 federal student loan(s) and/or TEACH Grant service obligation to make information from such records available to Jackson College, the U.S. Department of Education, and/or the holder of my loan(s).

Students Signature

Date

Physician Information

Name (Printed)

Telephone Number

Mailing Address (street, apt or PO Box #, city, state, zip code)

Certification

This student was previously classified as totally and permanently disabled and as a result of this condition received a TPD discharge for their federal student loan(s) and/or TEACH Grant service obligation. This student is now requesting a federal student loan and/or TEACH Grant. The U.S. Department of Education requires a physician to certify that a student is 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 loans/grants they are seeking.

Confirmation of student's gainful activity:

- ☐ I certify in my best professional judgment that the student is able to engage in substantial gainful activity as defined by the U.S. Department of Education.
Warning – Previous student loan debts have been canceled due to total and permanent disability. Certification of this form enables the borrower to obtain additional student loan(s). Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the 20 U.S. Code § 1097.

Confirmation that condition has not improved:

- ☐ I certify in my best professional judgment; the condition of the student has not improved enough to allow them to engage in substantial gainful activity.

Physician's Signature

Date