

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.

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