

**Shawnee State University
Office of Financial Aid**

PERMANENT DISABILITY FORM

Student Name: _____ SSN: _____

Date of Birth: _____ ID: _____

Our records indicate you have one or more student loans discharged because of total and permanent disability. Before you can be considered for additional federal student loans, you must do the following:

1. Provide a physician's certification stating that you are able to engage in "substantial gainful activity" such as working or attending school. Please use the certification below.
2. You must sign the statement below.

PHYSICIAN CERTIFICATION

_____ This is to certify that _____ has a total and permanent disability and is **ABLE** to engage in substantial gainful activity such as working or attending school.

_____ This is to certify that _____ has a total and permanent disability and is **UNABLE** to engage in substantial gainful activity such as working or attending school.

Name of physician

Signature of physician Date

Street address

License number

City State Zip

Telephone number

STUDENT STATEMENT

I realize that any new federal loan(s) for which I apply cannot be canceled in the future based on my present impairment (unless my condition substantially deteriorates subsequent to receiving additional loans).

Student Signature (REQUIRED)

Date