



## 2026-2027 PHYSICIAN'S CERTIFICATION & BORROWER ACKNOWLEDGEMENT OF INELIGIBILITY FOR DISCHARGE OF LOANS

**DOCUMENTS MAY BE SUBMITTED VIA U.S. MAIL, OR SECURE UPLOAD. TO UPLOAD DOCUMENTS: LOG INTO Hornet365, STUDENT TAB, FINANCIAL CENTER, SELECT 'FINANCIAL AID FORMS', SELECT 'SEND YOUR DOCUMENTS SECURELY'.**  
**E-MAILED DOCUMENTS ARE NOT SECURE AND CANNOT BE ACCEPTED.**

Please print clearly. Complete the appropriate section and return it to the above office.

The National Student Loan Data System (NSLDS.ed.gov) indicates that you have one or more federal student loans and/or TEACH Grant service obligations discharged because of total and permanent disability. Each time you wish to receive an additional federal student loan, you must complete this form. It is your responsibility to initiate a new loan/grant request by completing and submitting a new form. Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

**Consent for Release of Information:** I authorize any physician, hospital, or other institution having records pertaining to the disability for which I had loan(s)/grant(s) canceled to make the information from such records available to the U.S. Department of Education or the holder of my loan.

Student Name	ESU Student ID Number	Phone Number
Address	City	State Zip Code

By signing this form, I acknowledge that any loans or TEACH Grant I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of the total and permanent disability is met. I also acknowledge that if my prior loan(s) are in a post-discharge monitoring period or a conditional discharge period, I must also resume payment on the old loan(s) before receipt of a new loan or TEACH Grant. If the loan on which I must resume payment was in default when it was discharged or conditionally discharged, the loan will remain in default upon reinstatement and must be resolved prior to receiving any additional federal financial aid.

Student Signature -Signature must be in ink	Date
---	------

<b>THIS SECTION IS TO BE COMPLETED BY THE CERTIFYING PHYSICIAN</b>		
<p><b>Check One</b> (see reverse side for definitions):</p> <p><input type="checkbox"/> I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity.</p> <p><input type="checkbox"/> In my professional medical judgment of the patient/borrower name above, I <u>cannot</u> certify that he/she is able to engage in substantial gainful activity.</p>		
<p>Date Patient/Borrower became able to work and earn wages (MM/DD/YYYY):</p>		
Physician Name (please print):	Physician License Number:	Authorized to practice in the state of:
Address	City	State Zip Code
Signature of Physician (M.D. or D.O.) <b>Signatures must be in ink</b>		Date

<b>General Information</b>	<p>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 acknowledgment that any federal student loans or TEACH Grant service obligations 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 may allow the borrower to secure additional loan(s) or TEACH Grant(s).</p>
<b>Definitions</b>	<p>For Federal Student Aid purposes, the term 'substantial gainful activity' means a level of work performed for pay that involves significant physical or mental activities or a combination of both.</p> <p>Total and permanent disability is the condition of an individual who:</p> <ul style="list-style-type: none"> <li>• Is unable to engage in substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death; has lasted for a continuous period or at least 60 months; or can be expected to last for a continuous period of at least 60 months; or</li> <li>• Has been determined by the Department of Veterans Affairs to be unemployable due to a service-connected disability.</li> </ul>
<b>Borrower Instructions</b>	<ul style="list-style-type: none"> <li>• The borrower must complete the first portion if they would like to apply for a federal student loan or TEACH Grant.</li> <li>• A licensed physician must complete their section and be signed by a Doctor of Medicine or Doctor of Osteopathy.</li> <li>• Return the completed form to Emporia State University Office of Financial Aid, Scholarships, &amp; Veterans Services.</li> </ul> <p>It is recommended that you keep a copy of this form for your records. You may need to provide a copy of this statement as evidence of your eligibility for future student loans.</p>
<b>Physician Instructions</b>	<ul style="list-style-type: none"> <li>• You are being asked to complete, sign, and date this form to certify that the borrower is able to engage in substantial gainful employment activity (definition above).</li> <li>• You may complete this form for the borrower only if you are a Doctor of Medicine or Doctor of Osteopathy legally authorized to practice in your state.</li> </ul>
<b>Privacy Act Notice</b>	<p><b>Privacy Act of 1974 (5 U.S.C. §552a) requires that an agency provide the following notice to each individual who it asks to supply information</b></p> <ul style="list-style-type: none"> <li>• The authority for collecting the information requested on this form is found in 20 U.S.C. §1087, 34 C.F.R. §674.61, 34 C.F.R. §682.402, 34 C.F.R. §685.213, and 34 C.F.R. §686.42.</li> <li>• The principle purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician.</li> <li>• The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of: verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.</li> <li>• This information is necessary to process requests for new federal loans or TEACH Grants.</li> </ul>