

Certification/License Number

TPD Discharge, Physician Certification and Acknowledgement

Student Last Name	Student First Name	Campus Identifica	tion Number (CIN)
You have previously received a and permanent disability. To b medical physician (MD or DO)	orrow again through the Fede	ral Loan program or receive a	_
Please read this form in its ent form to Financial Aid and Scho			
PHYSICIAN CERTIFICATION The above-named individual w Education Act of 1965, as amer who is unable to work and earr indefinitely or result in death."	nded, total and permanent dis	ability is defined as "the con-	dition of an individual
In order for the student to rega gainful activity. Substantial gain that involves doing significant p	nful activity is defined as the a	bility to undertake "a level o	
When did the student become	medically able to attend sch	ool or seek gainful employm	ent?
I hereby certify that the above substantial gainful activity, to v statement that any new Federa TEACH Grant they receive canr new loan is made, unless that i	work and earn money or atten al William D. Ford Federal Dire not be discharged in the future	d school. I understand that the ct Loan (Direct Loan) Program on the basis of any impairm	ne patient may sign a m loan and/or Federal
Physician Name	Physici	an Signature	Date
Street Address	City	State	Zip

Date License Issued