

This cover page includes instructions about where and how to turn in your form. If you are submitting a form that contains personally identifiable information (i.e. name, student ID number, date of birth), we encourage you to **submit the completed form by mail or in person.**

BY MAIL TO:

Office of Financial Aid and Scholarships
University of Minnesota Duluth
1049 University Drive
Duluth MN 55812-3011

IN PERSON ON CAMPUS TO:

One Stop Student Services
23 Solon Campus Center

If you choose to submit the completed form by email, for your security we prefer to receive this form via your **UMD email address (xxxxxxx@d.umn.edu).**

To learn more about what might be personally identifiable information, visit studentprivacy.ed.gov.

No need to print this cover page.

PHYSICIAN'S CERTIFICATION of BORROWER'S CONDITION

DIRECTIONS— The United States Department of Education regulations allow students to discharge their federally regulated student loans based on permanent total disability. The definition for permanent total disability is *the borrower must be unable to work and earn money or go to school because of injury or illness that is expected to continue indefinitely or result in death. The total disability cannot be based on a condition that existed before the borrower applied for the loan, unless the condition has since substantially deteriorated*" (Temporary or Total Disability Certification Form).

The United States Department of Education will allow students who have had federally regulated student loans discharged due to total permanent disability to borrow additional funds, providing the student:

- "(A) obtains a certification from a physician that the borrower is able to engage in substantial gainful activity (defined as attending school, successfully completing the program and securing employment to repay the new loan), and;
- (B) sign a statement acknowledging that the loan the borrower receives cannot be cancelled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates" (Federal Register, Vol 59, No 228, Tuesday, November 20, 1994, Rules and Regulations, 61215.)

Complete this form in Adobe Reader software, not a Web browser, to ensure the privacy of your information. Place the cursor in a field and type. Print a copy to add the required signature(s) in blue or black ink.

Student Information		
Last name—type or print neatly in ink	First	Middle
Student ID number	U of M e-mail @d.umn.edu	

I certify that, in my professional judgment, the condition of _____ who has had federally regulated student loans discharged based on total permanent disability (see bullet 1 above), has **improved enough** to allow him/her to engage in substantial gainful activity (see bullet 2 above).

Warning: 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 United States Criminal Code.

Physician's certification	
Signature of Physician (M.D. or D.O.)	Date
Print or type physician's name	
Print or type physician's address	
Print or type physician's phone number	

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QUESTIONS?

Phone: 218-726-8000

TTY (hearing impaired): 800-627-3529

Email: umdhelp@d.umn.edu

To request copies of this form in an alternative format: 218-726-8000. UMD is an equal opportunity employer and educator.