



2022-2023 Discharge Certification Form

Student Name: _____ **Student ID:** _____

Physician Section

By signing this form, it is my professional opinion that the student **is able to** engage in substantial gainful activity as defined by the U.S. Dept of Education.

M.D. or D.O. (circle one)

Physician Name (print): _____ **Physician ID:** _____

Office Address: _____ **Office Phone:** _____

Physician Signature: _____ **Date:** _____

Note: Please know that this form is required to be completed by an **M.D. or D.O.** This form must be completed by hand with a "wet ink" signature. Electronic signatures or stamps are not acceptable.

I certify that the information provided herein is true and correct to the best of my knowledge. I also understand that if I purposely give false or misleading information in connection with this application for federal aid, I may be subject to a fine, imprisonment, or both.

Student Section

I, _____ (print full name), acknowledge that I am aware that the new Federal Student Loan obligations that I obtain cannot later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. I certify that the information given on this form is true and complete.

Signature and Date

Note: By signing and dating this form, I confirm that all information above is accurate to my knowledge.

Student signature: _____ **Date:** _____