

YOU MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM

Name: _____

DMACC ID #: _____

Address: _____

City, State Zip: _____

RE: Student Loan

Dear Student:

Our records indicate that you have one or more student loans discharged because of a total and permanent disability. Before you can receive additional Federal Student Loans, you must sign and return the following statement. Along with your statement, we will need a certificate from your Physician that you are able to engage in substantial gainful activity. Enclosed is a copy of a Physician's Certification form.

If you have any questions, please contact Ben Rikkels or Barb Badger at the Financial Aid Office (515-964-6282).

Please return to DMACC's Financial Aid Office

I verify that I will not apply to have my William D. Ford student loans discharged due to total and permanent disability unless my current condition deteriorates substantially and I again meet the definition of totally and permanently disabled.

Student's Signature

Date

DMACC ID Number

Ankeny Campus
2006 S. Ankeny Blvd.
Ankeny, IA 50023-3993
515-964-6200

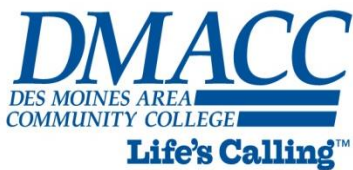
Boone Campus
1125 Hancock Dr.
Boone, IA 50036-5399
515-432-7203

Carroll Campus
906 N. Grant Rd.
Carroll, IA 51401-2525
712-792-1755

Newton Campus
600 N. 2nd Ave. W.
Newton, IA 50208-3049
641-791-3622

Urban/DSM Campus
1100 7th Street
Des Moines, IA 50314-3049
515-244-4226

West Campus
5959 Grand Ave.
WDM, IA 50266-5302
515-633-2407



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**PHYSICIAN'S CERTIFICATION
OF
BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY**

WARNING: Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents shall be subject to penalties which may include fines, imprisonment, or both under the U.S. Criminal Code and 20 U.S. C. Section 1097.

SECTION 1 – TO BE COMPLETED IN INK BY BORROWER

Name of Borrower: _____

Borrower's Social Security Number: _____

CONSENT FOR RELEASE OF INFORMATION – I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to the holder of my loan(s).

ACKNOWLEDGEMENT OF INABILITY TO CANCEL LOAN – I hereby acknowledge that any Direct Loan or Federal Family Education Loan which I receive subsequent to this statement cannot be canceled in the future on the basis of any impairment present when the new loan is made unless that impairment substantially deteriorates.

Signature of Borrower: _____

SECTION II – TO BE COMPLETED BY CERTIFYING PHYSICIAN

Instructions to Physician – You are being asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines “substantial gainful activity” as “a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking.”

PHYSICIAN CERTIFICATION OF BORROWER'S ABILITY TO ENGAGE IN SUBSTANTIAL GAINFUL ACTIVITY

I certify that, in my best professional judgment, the borrower identified above is able to engage in substantial gainful activity as defined by the U.S. Department of Education.

I am (check one) _____ Doctor of Medicine _____ Doctor of Osteopathy (legally authorized to practice in the State of _____ and my professional license number issued by the state is:

Professional license number: _____

Signature of Physician (M.D. or D.O.) _____

Name (printed): _____ Date: _____

Address: _____

City, State, Zip: _____ Telephone: () _____

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