

**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

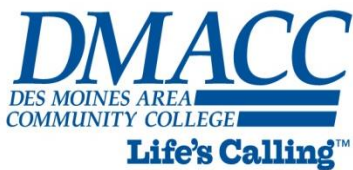
**Boone Campus**  
1125 Hancock Dr.  
Boone, IA 50036-5399  
515-432-7203

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

**Newton Campus**  
600 N. 2<sup>nd</sup> Ave. W.  
Newton, IA 50208-3049  
641-791-3622

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

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



**YOU MUST USE BLACK OR BLUE INK TO COMPLETE THIS FORM**

**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: ( ) \_\_\_\_\_

**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. 2<sup>nd</sup> Ave. W.  
Newton, IA 50208-3049  
641-791-3622

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

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