



Disability Discharge – Physical Certification of Borrower’s Ability to Reengage in Substantial Gainful Activity (DDSHG)

Student Financial Services

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First Name: _____ Last Name: _____

Date of Birth: _____ Net ID #: C _____

1. Instructions and Definition of Total and Permanent Disability (TPD):

The U.S. Department of Education records indicate that you, the student, have at least one federal educational loan discharged because of a total and permanent disability. If you wish to apply for further federal educational loans, this form must be completed and submitted to the Financial Aid Office for review.

The U.S. Department of Education defines total and permanent disability as a condition in which the borrower is unable to work, earn wages or attend school because of an injury and/or illness that is expected to continue indefinitely or result in death. This form is used for students who have previously had a discharged educational loan, but wish to return to school and borrow additional loan funds.

In this case, U.S. Department of Education needs confirmation that if the student borrows again, they are able to successfully repay those funds. The student must obtain the following Physician Certification (MD or DO) that they are able to engage in substantial gainful activity. For purposes of this certification, “substantial gainful activity” is defined as a level of work performed for pay and/or profit that involves doing significant physical and/or mental activities.

2. Certifying Physician (MD or DO) Must Read and Complete the Following:

The physician must assess the impact of the student’s disability against the ability to earn income in light of what the student would normally be able to earn without the disability and/or illness (this calls for a judgement decision as to the ability to earn income despite the disability).

If the disability continues to have significant impact on the earning potential, the ability to repay the debt and is expected to last for a long and indefinite amount of time, then the student shall be considered permanently disabled under this definition. However, if the student’s condition has improved (since the time their prior loans were discharged) and the student is able to participate in school and substantial gainful activity, a reaffirmation can potentially be processed to allow the borrower to complete the process for regaining eligibility of Federal Title IV student aid, including student loans.



Physician's Certification (Check one):

- ☐ I certify that in my professional medical judgement, the patient/student named above **is able** to engage in substantial gainful activity and/or attend school.
- ☐ In my professional medical judgment of the patient/student named above, **I cannot** certify the individual is able to engage in substantial gainful activity and/or attend school.

Physician's Certificate (Continued):

Date Student became able to work and earn wages again (if applicable): _____

Physician's Name (Please print): _____

Phone Number: _____ Medical License Number: _____

Full Address: _____

I am legally authorized to practice in the state of: _____

Physician Signature: _____ Date: _____

3. Student Must Read, Initial and Agree to the Following:

- ☐ I acknowledge any loans I may receive hereafter cannot be discharged in the future on the basis of any present impairment and/or condition, unless the definition of total & permanent disability is met.
- ☐ I understand my prior debt which has been discharged *may* be reinstated if this certification is approved and I subsequently borrow another federal educational loan.

By signing this document, I certify that the information is complete, true, and accurate. I understand that purposely providing false or misleading information could result in criminal prosecution, prison sentence, and/or a fine pursuant to U.S. Criminal Code and Colorado Criminal Code.

Student's Responsibilities for requesting new loans after a prior Total and Permanent Disability (TPD) Discharge:

- Obtain Physician Certification
- Agree to new terms
- If this submission is approved, the student will need to renew this affirmation with a form each academic year thereafter.

Student Signature: _____ Date: _____