

HOLYOKE COMMUNITY COLLEGE

303 Homestead Avenue
Holyoke, MA 01040
413.538.7000

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www.hcc.edu

Financial Aid Office
Phone: (413) 552-2150
Fax: (413) 552-2192

Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

At Holyoke Community College, we want to make sure that everyone has an equal chance to go to college, no matter who they are. We know that getting money to pay for college is important, so we promise to be fair when we give out financial aid. We also want to make sure that trans and gender-expansive students don't face any barriers in accessing financial aid. If you have questions or concerns about this, you can talk to the financial aid office.

The National Student Loan Data System (NSLDS) informs us that you have one or more student loans discharged because of a total and permanent disability. **Before you can receive more federal student loans**, this form must be completed and returned to the Holyoke Community College's Financial Aid Office.

Name: _____ Student ID#: _____ Date of Birth: _____

Section I: The student agrees that:

By signing this form, I am aware that any federal student loans I receive from now on cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially declines to the extent that the definition of total and permanent disability is met.

Student Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY CERTIFYING PHYSICIAN:

1. Please check one:

___ I certify that in my professional medical judgment, the patient/borrower named above is able to engage in substantial gainful activity and can attend school.

___ In my professional medical judgment of the patient/borrower named above, I **cannot** certify that he/she is able to engage in substantial gainful activity or attend school.

2. Date borrower became able to work and earn wages (MM DD YY): _____

3. Type or print name of physician: _____

4. Address: _____
Street City State Zip

5. Telephone Number: _____

6. Physician's Signature: _____

General Information:

This form is used to obtain a physician's certification and a borrower's acknowledgement. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially declines to the extent that the definition of total and permanent disability is met. This form will allow the borrower to obtain (upon request) additional loan(s) under one or more of the following Federal Direct Loan Program: Stafford Loans (subsidized or unsubsidized), PLUS Loans for Undergraduate Students, PLUS Loans for Graduate Students, Consolidation Loans.

Physician Instructions:

1. You may complete this form for the borrower only if you are a Doctor of Medicine and legally authorized to practice in your state.
2. You may be asked to complete, sign, and date this form to certify whether the borrower does or does not meet the above definition of total and permanent disability. Please check the line beside the statement applicable to the borrower's condition.