



BORROWER ACKNOWLEDGEMENT FOR 2024-2025 AWARD YEAR

I, _____ (borrower’s name), acknowledge the following:

- 1. I am applying for one or more federal student loans for the award year _____;
- 2. Currently, I have the ability to engage in substantial gainful activity (SGA)¹ as defined in this acknowledgment form in order to repay this new or any new federal student loan(s);
- 3. Any federal student loan(s) received by me as a result of a physician’s certification of my ability to engage in SGA cannot be discharged or cancelled based on any present impairment or condition unless that present impairment or condition deteriorates to the extent that the definition of total and permanent disability is met; and
- 4. Should I request a new student loan during the three-year post-discharge monitoring period or during the conditional discharge period, I must resume payment on the old federal student loan(s) before receipt of any new loan.

Borrower Certification:

By signing this form, I hereby certify that all the information on this form is true, complete and accurate to the best of my knowledge. I understand that any false statements or misrepresentations will be cause for denial, reduction, withdrawal, and/or repayment of financial aid, and may subject the filers to a fine.

Also, by signing, I hereby certify that I have read the above and agree to the above Borrower Acknowledgement statement.

Signature

Date

FOR INSTITUTIONAL USE:		
Physician’s Certification on File:	YES	NO
Evidence of Student Loan Discharge due to Total or Permanent Disability:	YES	NO

¹ Pursuant to 20 CFR 416.972, substantial gainful activity is work activity that is both substantial and gainful. Substantial work activity is work activity that involves doing significant physical or mental activities. Your work may be substantial even if it is done on a part-time basis or if you do less, get paid less, or have less responsibility than when you worked before. Gainful work activity is activity that you do for pay or profit. Work activity is gainful if it is the kind of work usually done for pay or profit, whether or not a profit is realized. Generally, SGA is that work that brings in over a certain dollar amount per month.



PHYSICIAN'S CERTIFICATION

To be completed by certifying physician.

Patient/Borrower Name: _____

Physician's Certification (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. (Refer to Physician's instructions below).

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 and can attend school. (Refer to Physicians instructions below).

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

Name of Physician: _____

Physician's Address: _____

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

Physician's License No.: _____

Date of Certification: _____

PHYSICIAN'S INSTRUCTIONS: This form is used to obtain a physician's certification. 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 cancelled based on any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total or permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Loan Programs: Federal Direct Student Loans, parent PLUS Loans, and Consolidation Loans.

PRIVACY ACT NOTICE: The Privacy Act of 1974, 5 United States Code (U.S.C.) § 552a, requires that an agency provide the following notice to each individual to whom it asks to supply information. The authority for collecting the information requested on this form is found in 20 U.S.C. § 1087, 42 U.S.C. § 209 4k and 22 U.S.C. § 2601. The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician. The routine uses of this information includes its disclosure to Federal, State, or local agencies, to guaranty agencies, to educational and financial institutions and to agency contractors for the purpose of verifying the identity of the borrower and the borrower's physician; determining that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request. This information is necessary to process requests for new