Student Services Center Natchitoches, LA 71497 T 318.357.5961 800.823.3008 F 318.357.5488 nsufinaid@nsula.edu

BORROWER'S ACKNOWLEDGEMENT

Borrower's Name:			
Student ID Number:	Last 5 of SS Number		
Date of Birth:			
•	ral Family Education Loan Program) a that I was totally and permanently disa d/or Direct student loan.		
which I am applying cannot be discha-)(ii), I acknowledge that the FFELP ar arged in the future on the basis of any fail to complete my educational program.	impairment present	
Borrower's Signature	Name (printed)	Date	
Address			
City, State, Zip			
Telephone Number	Student ID/La	Student ID/Last 5 of SS Number	

Borrower's Name:

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PHYSICIAN'S CERTIFICATION

Date of Birth:

Instructions for Physician: The borrower is under the FFELP Federal Family Education. The borrower has previously received a FFE finding that he/she was disabled. You are be borrower is now able to engage in substantia. You may complete and sign this form only i legally authorized to practice in a state. Pleasignature stamp is not acceptable) only if the substantial gainful activity.	Loan Program and/or Federal Direct LP and/or Direct loan cancellation being asked to complete this form to cell gainful activity, i.e., able to work and f you are a doctor of medicine or os see type or print in dark ink. Sign the	Loan Program. ased on a ertify that the nd earn money. steopathy certification (a		
*Once complete, return (by mail) the original completed form to the borrower's representative. The borrower will forward the form to this agency.				
*When did you examine the borrower? (MM-DD-YYYY)				
*Diagnosis of the borrower's present medica severity of the borrower's present and future		ation and		
I certify that, in my best professional judgme engage in substantial gainful activity (able to		currently able to		
I am a (check one)doctor of medicine _ practice in the state of				
Physician's Signature	Name (printed)	Date		
Address				
City, State, Zip				
Telephone				