NORTHWESTERN STATE
Office of Student Financial Aid

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: _____

I previously received a FFELP (Federal Family Education Loan Program) and/or Direct Loan cancellation based on a new finding that I was totally and permanently disabled. I am now applying to receive a new FFELP and/or Direct student loan.

Pursuant to 34 C.F.R. §682.201 (a)(6)(ii), I acknowledge that the FFELP and/or Direct loan for which I am applying cannot be discharged in the future on the basis of any impairment present when the new loan is made, even if I fail to complete my educational program, unless that impairment substantially deteriorates.

_____ _____ _____
Borrower's Signature Name (printed) Date

_____
Address

_____
City, State, Zip

_____ _____
Telephone Number Student ID/Last 5 of SS Number

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PHYSICIAN'S CERTIFICATION

Borrower's Name: _____ **Date of Birth:** _____

Instructions for Physician: The borrower identified above is applying to receive a student loan under the FFELP Federal Family Education Loan Program and/or Federal Direct Loan Program. The borrower has previously received a FFELP and/or Direct loan cancellation based on a finding that he/she was disabled. You are being asked to complete this form to certify that the borrower is now able to engage in substantial gainful activity, i.e., able to work and earn money. You may complete and sign this form **only** if you are a **doctor of medicine or osteopathy** legally authorized to practice in a state. Please type or print in dark ink. Sign the certification (a signature stamp is not acceptable) only if the borrower's condition allows him/her to engage in substantial gainful activity.
*Once complete, return (by mail) the original completed form to the borrower or 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 medical condition – specify the nature, duration and severity of the borrower's present and future impairments:

_____

_____

_____

I certify that, in my best professional judgment, the borrower identified above is currently able to engage in substantial gainful activity (able to work and earn money).

I am a (check one)____ doctor of medicine____doctor of osteopathy legally authorized to practice in the state of _____ and my professional license number issued by that state is _____ .

_____ _____ _____
Physician's Signature Name (printed) Date

_____
Address

_____
City, State, Zip

_____
Telephone