

BORROWER'S ACKNOWLEDGEMENT

Borrower's Name:			
Student ID Number:		Last 5 of SS Number	
Date of Birth:			
I previously received a FFELP (Feder	ral Family Education Loan Prograr	n) and/or Direct Loan	
cancellation based on a new finding t	hat I was totally and permanently o	lisabled. I am now	
applying to receive a new FFELP and	l/or Direct student loan.		
Drugge at to 24 C.E.D. 8692 201 (a)/6	V::\ I a also availe des Abest Abes EEEL l	Dandlan Dinast laan fan	
Pursuant to 34 C.F.R. §682.201 (a)(6	· · ·		
which I am applying cannot be discharged as the next learn is made as a significant in the second second in the second second second in the second se		• •	
when the new loan is made, even if I	• •	ogram, umess mai	
impairment substantially deteriorates	•		
Borrower's Signature	Name (printed)	Date	
	· · · · · · · · · · · · · · · · · · ·		
Address			
O'. O . 7'			
City, State, Zip			
Telephone Number	Student ID	Student ID/Last 5 of SS Number	
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Office of Financial Aid & Scholarships 212 Student Services Center Natchitoches, Louisiana 71497

PHYSICIAN'S CERTIFICATION

Borrower's Name:	Date of Birth:	
Instructions for Physician: The borrower and under the FFELP Federal Family Education. The borrower has previously received a FFI finding that he/she was disabled. You are be borrower is now able to engage in substanti You may complete and sign this form only legally authorized to practice in a state. Pleasignature stamp is not acceptable) only if the substantial gainful activity.	Loan Program and/or Fed ELP and/or Direct loan cateing asked to complete thit al gainful activity, i.e., ab if you are a doctor of me ase type or print in dark in	deral Direct Loan Program. ncellation based on a is form to certify that the le to work and earn money. dicine or osteopathy lk. Sign the certification (a
*Once complete, return (by mail) the origin representative. The borrower will forward the	-	borrower or the borrower's
*When did you examine the borrower? (MN	M-DD-YYYY)	
*Diagnosis of the borrower's present medic severity of the borrower's present and future		nature, duration and
I certify that, in my best professional judgm engage in substantial gainful activity (able t I am a (check one)doctor of medicine practice in the state of	to work and earn money)doctor of osteopathy	legally authorized to
state is		
Physician's Signature	Name (printed)	Date
Address		
City, State, Zip		
Telephone		