BOISE STATE UNIVERSITY

Physician's Certification & Borrower Acknowledgement of Obligation 2023 - 2024

Financial Aid and Scholarships
Administration Building Room 124
1910 University Drive
Boise, ID 83725-1315

Phone: (208) 426-1664
Fax: (208) 426-1305
Email: FinancialAid@boisestate.edu

A student applying for Financial Aid who has had previous loans discharged due to total and permanent disability must complete the student section of this form and sign the statement that any new loans cannot be discharged. The student then must obtain their physician's certification that the student can engage in substantial gainful activity.

NOTE: If a student requests a new loan during the post-discharge monitoring period or the conditional period, the student must also resume payment on the old loan before receipt of the new loan.

Any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

To Be Completed by the Borrower (student):

☐ I do not want loans and only want to be reviewed for Pell Grant eligibility (if yes, disregard the Certifying Physician section).

☐ New Acknowledgement (Physician's Certification below must be completed)

☐ Annual Acknowledgement (Physician's Certification was submitted a prior year)

Last Name First Name M.I. Student ID Number

Permanent Street Address Last Four of Social

City State Zip Telephone Number (Other)

By signing this form:

I authorize my physician to release medical information to the Boise State Financials Aid and Scholarships office for the purpose of determining my ability to engage in substantial activity.

I am aware that the new Federal Student Loan cannot be discharged later for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

Signature of Borrower Date

To Be Completed by Certifying Physician:

I certify that _____ has the ability to engage in substantial gainful activity, resulting in the repayment of student loans. The student is sufficiently physically recovered to be capable for attending school, successfully completing a program of study, and securing employment in order to repay a new student loan.

Comments:_____

_____

_____

_____

I am legally authorized to practice in the state of _____ .

My professional license number is _____ . (Subject to verification through State records.)

Printed Name of Physician

Address City, State, Zip

(___) _____ ( ) _____

Telephone Fax (optional E-mail address (optional)

Physician's Signature **Date**