

## Borrower Acknowledgement After TPD Discharge (Total and Permanent Disability Discharge)

	Award/Aid Year					
	Fall Spring	Summer				
Department of	have been granted a Total and Permanent Education (AND) are subsequently request if they provide the following required d	esting new federal student				
+	<b>Physician Certification Form</b> ( <i>provided by school</i> ), signed by the student's primary physician, indicating that the student is able to return to their studies and engage in substantial gainful activity;					
	(AND	)				
4	Borrower Acknowledgement After D their understanding that federal student on the basis or any injury or illness pres made, unless the student's medical cond permanent disability.	loans taken out after TPD, sent at the time the new fee	cannot be discharged deral student loans are			
monitoring per acknowledge tl	tudents who request new federal student iod described earlier must resume paymeney are once again subject to the Title IV the new federal student loan(s).	nt on the previously discha	arged loan(s) or			
contact Disabil	ormation or for questions regarding the 3- ityInformation@Nelnet.net or call 1-888 ool and originate new federal loan(s) wil	-303-7818 to determine the	e impact your decision			
	w, I acknowledge understanding of the polic that I must complete this form each time I i chool.	_				
	document, I hereby acknowledge and agree aregard to TPD discharge of federal loans in t.	-	- *			
Student's Printed	Name	AJMLS ID #	Last 4 Digits of SSN			
Student's Signatur	re	-	Date			



## **Physician's Certification**

Student's Printed Name			AJMLS ID #	Last 4 Digits of SSN
Last	First	MI		

Please Note: This document, as all student financial aid records, is protected for privacy by the Family Education Rights & Privacy Act (FERPA) (1974), the Financial Modernization Ace of 1999, also known as the Gramm-Leach-Bliley Act, and by the Fair and Accurate Credit Transactions Act of 2003.

Instructions for Physicians: The above-named student has applied for federal student aid to attend Atlanta's John Marshall Law School. Federal regulations require the student to obtain certification from a physician that he/she has the ability to engage in substantial gainful activity prior to receiving new federal student loan(s) because he/she has had pervious federal student loan(s) discharged due to total and permanent disability (TPD). Please complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a \*state. By completing the information below, you are certifying that the above-named student is your patient and is capable of \*\*substantial gainful activity as described in the federal regulations.

Physician's Name (print):			or DO#	
Physician's Practice Name:			I	
Physician's Street Address:				
City:	State:		Zip:	
Phone:	Email:			
Physician's Signature:			Date:	

\*State includes the 50 United States, the District of Columbia, American Samoa, the Commonwealth of Puerto Rico, Guam, the Virgin Islands, the Commonwealth of the Northern Mariana Islands, the Republic of the Marshall Islands, the Federated States of Micronesia, and the Republic of Palau.

\*\* "Substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

## Please return signed and completed form to:

Atlanta's John Marshall Law School Office of Financial Aid 245 Peachtree Center Avenue, Suite 1900 Atlanta, GA 30303