

**SAN DIEGO CITY COLLEGE**  
FINANCIAL AID OFFICE  
1313 PARK BLVD., A-113  
SAN DIEGO, CA 92101  
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(619) 388-3241 (FAX)

CSID: \_\_\_\_\_  
49 - DISABL

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**Physician's Certification of Borrower's Ability to  
Engage in Substantial Gainful Activity**

**WARNING:** ANY PERSON WHO KNOWINGLY MAKES A FALSE STATEMENT OR MISREPRESENTATION ON THIS FORM MAY BE SUBJECT TO FINE OR IMPRISONMENT UNDER SECTION 1001 OF THE UNITED STATES CRIMINAL CODE.

**Section I: To be completed in ink by borrower.**

Name of Borrower: \_\_\_\_\_ SSN: \_\_\_\_\_

**Consent for Release of Information:** I authorize any physician, hospital or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to the U.S. Department of Education or to the holder of my loan(s).

**Acknowledgment of Inability to Cancel Loan:** I hereby acknowledge that any William D. Ford Federal Direct Loan(s) which I receive subsequent to this statement cannot be cancelled in the future on the basis of any impairment present when the new loan is made, unless that impairment substantially deteriorates.

Signature of Borrower: \_\_\_\_\_ Date: \_\_\_\_\_

**Section II: To be completed by certifying physician.**

**Instructions to Physician:** You are asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a situation in which a borrower is sufficiently fully recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan the borrower is seeking."

The borrower for which you are completing this certification has previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was unable to engage in any substantial gainful activity due to a medically determinable impairment which was expected to continue for a long and indefinite period of time or to result in death.

**Physician Certification of Borrower's Ability to Engage in Substantial Gainful Activity**

I certify in my best professional judgment that the disability condition of (borrower) \_\_\_\_\_ has improved as of \_\_\_\_\_, and he/she is now able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician's Name (printed): \_\_\_\_\_

Physician's Address: \_\_\_\_\_

I am legally authorized to practice in the State of: \_\_\_\_\_ Medical License Number: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Notice** - The Privacy Act of 1974 (5 U.S.C. 552a) requires that an agency provide the following notice to each individual whom it asks to supply information.

1. The authority for collecting the information requested on this form is found in 20 U.S.C. 1087 and 1087dd.
2. The principal purposes of this information are to verify the identity of the borrower; determine the present medical condition of the borrower; and in the event it is necessary, to locate the borrower's certifying physician. The social security number is used as a loan account number (identifier) in order to accurately record necessary information.
3. The routine uses of this information include its disclosure to federal, state or local agencies, to guarantee agencies, to educational and financial institutions and to agency contractors for the purpose of: Verifying the identity of the borrower and the borrower's physician; determining the borrower's present medical condition; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may cause a denial of the borrower's request for reaffirmation.
4. The information is necessary to process requests for loan reaffirmation.
5. Physician's signature is necessary to process requests for loan reaffirmation.
6. Medical License number is necessary to process requests for loan reaffirmation.
7. Date Physician signed is necessary to process requests for loan reaffirmation.