

PHYSICIAN'S CERTIFICATION AND BORROWER'S ACKNOWLEDGEMENT OF OBLIGATION FOR FEDERAL DIRECT LOAN PROGRAMS 2023-2024

Warning: 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.

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

University of Rhode Island
Enrollment Services Green Hall
6 Rhody Ram Way
Kingston, RI 02881 USA

Fax Completed Form To:
(401) 874-2002

Phone: (401) 874-9500
Email: esmail@etal.uri.edu
Website: web.uri.edu/enrollment

SECTION I — TO BE COMPLETED BY BORROWER (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. Name of borrower (first, last, mi)		2. Borrower's SSN ____ - ____ - ____		
3. Address	City	State	Zip code	4. Telephone number () -

By signing this form, I acknowledged that any loans I receive hereafter cannot be canceled in the future on the basis of any present impairment or condition, unless the impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

5. Signature ▶	6. Date
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SECTION II — TO BE COMPLETED BY CERTIFYING PHYSICIAN (SEE REVERSE FOR INSTRUCTIONS AND PRIVACY ACT NOTICE)

1. Diagnosis of borrower's present medical condition (give results of complications)	
2. Borrower is: Ambulatory Other (please explain)	
3. Prognosis — Is condition static? Yes No — If no, what optimum improvement or deterioration can be expected?	

4. Physician's Certification (Check one) I certify that in my professional medical judgement, the patient/borrower named above is able to engage in substantial gainful activity. (Refer to Physician's Instructions on back page.) In my professional medical judgement of the patient/borrower named above, I cannot certify that he/she is able to engage in substantial gainful activity. (Refer to Physician's Instructions on back page.)				
5. Type or print name of physician		I am legally authorized to practice in the state of		
6. Address	City	State	Zip	7. Telephone number () -
8. Signature of physician (M.D. or D.O.) ▶		Physician's license number		9. Date

Borrower: Return this form to URI Enrollment Services office at the above address. It is recommended that you keep a copy of this form for your own records.

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General Information

This form is used to obtain a physician's certification and a borrower's acknowledgment. The purpose is to have a licensed physician certify that the borrower is able to engage in substantial gainful activity and to have the borrower acknowledge that any federal student loans received as a result of this physician's certification cannot be canceled based on any present impairment or condition, unless that impairment or condition substantially deteriorates to the extent that the definition of total and permanent disability is met. This form will allow the borrower to secure additional loan(s) under one or more of the following Federal Direct Student loan programs, Parent and Graduate PLUS loans, Federal Direct Consolidation Loans.

Borrower Instructions

- The borrower must complete Section I.
- Section II of the form must be completed, signed and dated, by a qualified physician (doctor of medicine or doctor of osteopathy).
- Return this completed form to URI Enrollment Services. It is recommended that you keep a copy of this and all other financial aid forms for your own records. You may need to provide a copy of this statement as evidence of your eligibility for future federal student loans.

Physician Instructions

- You are being asked to complete, sign and date this form to certify that the borrower is able to engage in substantial gainful activity (e.g., able to work and earn money or attend school).
- You may complete this form for the borrower only if you are a doctor of medicine or doctor of osteopathy legally authorized to practice in your state.

School Instructions

- Receipt of this completed form with the appropriate physician's certification satisfies the federal requirements [34 CFR 682.201(a)(5)] for affected borrowers.
- This completed form must be maintained as part of the student's URI Enrollment Services financial aid records to document their eligibility for a Federal Direct loan.
- The borrower should retain a copy for their records and the school must keep a copy in the student's file.

Privacy Act Notice: The Privacy Act of 1974 (5 U.S.C. 522a) requires that an agency provide the following notice to each individual whom it asks to supply information.

- The authority for collecting the information requested on this form is found in 20 U.S.C. 1087, 42 U.S.C. 209 4k and 22 U.S.C. 2601.
- The principal purpose of this information is to verify the identity of the borrower; determine that the borrower is able to engage in substantial gainful activity, and in the event it is necessary, to locate the borrower's certifying physician. The SSN is used as a loan account number (identifier) in order to accurately record necessary information.
- The routine uses of this information include its disclosure to Federal, State or local agencies, to guaranty 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 that the borrower is able to engage in substantial gainful activity; investigating possible fraud and verifying compliance with program regulations. Failure to provide the requested information may result in denial of the borrower's new loan request.
- This information is necessary to process requests for new Federal Direct loans.