



STUDENT INFORMATION			
First Name	Last Name	Middle Name	Student ID#

INSTRUCTIONS
<p>Based on a review of your 2020-2021 FAFSA the U.S. Department of Education has notified the University of Dayton that you have had one or more federal student loans discharged due to total and permanent disability. Before you can receive additional federal student loans, you must provide the University of Dayton with the physician's certification on this form stating that you are able to engage in "substantial gainful activity" such as working or attending school.</p> <p>You must complete this request before we can finalize and apply financial aid to your account. We encourage you to submit this form within 30 days of receipt.</p> <p>Failure to comply with this request can result in the loss of financial aid for the year.</p>

STUDENT CONTACT INFORMATION			
Street Address	City	State	Zip
Email Address		Phone Number	

PHYSICIAN CERTIFICATION			
<p>This is to certify that _____ has a total and permanent disability and is:</p> <p style="text-align: center;"><i>(Patient's Name)</i></p> <p><input type="checkbox"/> ABLE to engage in substantial gainful activity, such as working or attending school.</p> <p><input type="checkbox"/> NOT ABLE to engage in substantial gainful activity, such as working or attending school.</p>			
Physician's Name	AMA License Number	Office Phone Number	
Physician's Office Street Address	City	State	Zip
Physician Signature			Date

STUDENT SIGNATURE

I hereby affirm that all information I reported on this form and any attachment hereto is true, complete, and accurate to the best of my knowledge. I understand that if I receive federal, state, or institutional student aid based on incorrect information, my financial aid award(s) may change.

Student Signature _____ Date _____