



STUDENT INFORMATION

| First Name | Last Name | Middle | Student ID# |
|------------|-----------|--------|-------------|
| | | | |

INSTRUCTIONS

Based on a review of your 2024-2025 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.

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**.

Failure to comply with this request can result in the loss of financial aid for the year.

STUDENT CONTACT INFORMATION & ACKNOWLEDGEMENT

| Street Address | City | State | Zip |
|----------------|------|--------------|-----|
| | | | |
| Email Address | | Phone Number | |
| | | | |

I acknowledge that the new Title IV loan or TEACH Grant service obligation cannot be discharged in the future on the basis of any impairment present when the new loan or TEACH Grant is made, unless that impairment substantially deteriorates so that the student is once again totally and permanently disabled.

PHYSICIAN CERTIFICATION

This is to certify that _____ has a total and permanent disability and is:

- ABLE** to engage in substantial gainful activity, such as working or attending school.
- NOT ABLE** to engage in substantial gainful activity, such as working or attending school.

| 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 _____