2012-2013 Statement of Acknowledgement of Student Loan Responsibility and Physician’s Certification Form

A. What is Statement of Acknowledgement of Student Loan Responsibility and Physician’s Certification?
This is the paperwork that a student must submit if the student has a loan(s) that has been discharged (permanently or conditionally) and is interested in borrowing a new federal loan for educational purposes.

B. If my loan has already been discharged why more paperwork?
The Department of Education requires a student who wishes to take out additional federal student loans after the discharged of prior student loan(s) due to a total and permanent disability to submit the following documentation:

- Sign the Statement of Acknowledgement of Student Loan Responsibility indicating that he/she is aware the new loan cannot later be discharged for any present impairment unless it deteriorates so that he/she is again totally and permanently disabled.
- Physician Certification stating student has the ability to engage in substantial gainful activity.

C. What is substantial gainful activity?
The phrase “substantial gainful activity” generally describes a situation in which a student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the student is seeking.

D. Do I have to submit these documents each time I get a loan?
Statement of Acknowledgment of Student Loan Responsibility: Must be submitted each time a new loan is processed. Please note this may mean we have to collect the acknowledgement form several times during the academic year.

Physician’s Certification: If the student remains consecutively enrolled at Saint Leo University then the student only needs to obtain the physician certification once. A student who does not attend Saint Leo University in a 12 month period may have to resubmit physician certification statement.

E. I have a conditional discharge. Does this change the process?
If the prior loan was conditionally discharged and the conditional period hasn’t elapsed, the student must also sign a statement affirming that collection will resume on the conditionally discharged loan. Collection must begin before the new loan is disbursed. In addition, the signed statement must communicate that the student understands that unless his/her condition substantially deteriorates, the prior loan can’t be discharged in the future for any impairment present when the conditional discharge was granted or when he/she requested the new loan.

F. My conditional discharge was first in default. Does it matter?
If a defaulted loan was conditionally discharged and then returned to repayment status, the student must make satisfactory repayment arrangements before receiving a new loan. A conditionally discharged defaulted loan remains in default until it is permanently discharged at the end of the conditional period.

G. What is next?
Once the Statement of Acknowledgement of Student Loan Responsibility and Physician’s Certification Form is submitted it will be reviewed by Saint Leo University Student Financial Services to determine if documentation is sufficient. If any additional information is required you will be contacted via your SLU Email.

H. How do I submit the form?
Please complete and return form to Saint Leo University – Student Financial Services
Mail: P.O. Box 6665, Saint Leo, FL 33574-6665
Fax: 866-708-7770
Scan and email: finaid@saintleo.edu
The purpose of this form is to have a licensed physician certify that the student is able to engage in substantial gainful activity and to have the student acknowledge that any federal student loans received as a result of the physician’s certification cannot be canceled based on 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. Completion of this form will allow the student to secure additional loans through the Direct Loan Program.

SECTION 1 — Statement of Acknowledgement of Student Loan Responsibility
(To be complete by Student)

___________________________________________________
Student’s Printed Name


Social Security Number

Reminder per federal regulations the statement of acknowledgment must be collected from a student each time he receives a new loan. This means that this document may be requested several times during an academic year.

Consent for Release of Information: I authorize any physician, hospital or other institution having records pertaining to the disability for which I had a student loan(s) canceled to make information from such records available to Saint Leo University. By signing this form, I acknowledge that any student 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.

_________________________________________ ___________________
Student’s Signature Date

☐ Check here if a Physician’s Certification is on file with Student Financial Services.

SECTION 2 — Physician’s Certification
(To be complete by Physician)

You are being asked to complete and sign this form to certify that the student whose loans were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disability condition or impairment has substantially improved.

☐ I certify that I am legally authorized as a doctor to practice medicine or osteopathy and that in my professional judgment, the person named above is able to engage in substantial gainful activity (The student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment in order to repay the new loan the student is seeking.).

☐ I am legally authorized to practice medicine or osteopathy in the state of: ______________________

___________________________________________ (______)______________________
Physician’s Printed Name Telephone number

___________________________________________________
Address City State Zip

___________________________________________ ______________
Physician’s Signature Physician’s license number Date

Please return this form to Student Financial Services. It is recommended that you keep a copy of this form for your records.