



2017-2018 Permanent Disability Form

STUDENT NAME: _____ OSU ID: _____

Our records indicate you have one or more student loans discharged because of total and permanent disability. Before you can be considered for additional federal student loans, you must do the following:

- 1. Provide a physician's certification stating that you are able to engage in "substantial gainful activity" such as working or attending school. Please use the certification below.
2. You must sign the statement below.

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.

_____ This is to certify that _____ has a total and permanent disability and is UNABLE to engage in substantial gainful activity such as working or attending school.

Name of physician _____ Signature of physician (please do not sign electronically) _____ Date _____
Office street address _____ License number _____
City State Zip _____ Telephone number _____

STUDENT SIGNATURE

By signing you are certifying that all the information reported on this form is complete and correct. I realize that any new federal loan(s) or TEACH grant service obligation for which I apply cannot be discharged in the future based on my present impairment (unless my condition substantially deteriorates subsequent to receiving additional loans).

PLEASE DO NOT SIGN ELECTRONICALLY

Student Signature _____ Date _____

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To return this form:

Students may upload all forms and documents to the Secure Document Uploader: sfa.osu.edu | Fax to: 614-292-9264
Mail to: Buckeye Link, P.O. Box 183029 Columbus OH 43218-3029 | Questions: 614-292-0300
Note: Do not submit this form or any supporting documents via email.