

SECTION A. STUDENT INFORMATION

First Name		Last Name	
SSN (Last 4)		Date of Birth	Student ID#

SECTION B. CONSENT FOR RELEASE OF INFORMATION

I authorize any physician, hospital, or other institution having records pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Columbia Southern University, the U.S. Department of Education, or to the holder of my loan(s).

Student's Signature (Required)		Date	
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Signature: Manually sign with an ink pen. *Forms with digital/electronic/typed signatures cannot be accepted.

SECTION C. PHYSICIAN INFORMATION: To be completed only by a Doctor of Medicine (M.D.) or Doctor of Osteopathy/Osteopathic Medicine (D.O) who is licensed to practice in the United States.

Physician Name	
Office/Practice Address	
Licensure Number(s):	
Licensed or Authorized to Practice in the State(s) of:	

SECTION D. PHYSICIAN ACKNOWLEDGEMENT

The above referenced borrower was previously classified as totally and permanently disabled and as a result of this condition received a total discharge of his/her federal student loan indebtedness. The borrower is now requesting financial aid from one of the Federal education loan programs. The U.S. Department of Education requires that a physician certify that a borrower is once again able to engage in "substantial gainful activity", i.e., the person is sufficiently capable of attending school, successfully completing a program of study, and securing employment in order to repay the loan he/she is seeking. Your completion of this section will fulfill this requirement.

I certify in the best professional judgment that the above-named student:

- IS NOT able to engage in substantial gainful activity as defined by the U.S. Department of Education.
- IS able to engage in substantial gainful activity as defined by the U.S. Department of Education.

Physician Signature (Required)		Date	
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Signature: To be signed with pen/ink, finger, stylus, or mouse. Electronic or typed signatures cannot be accepted.