

**IOWA COLLEGE STUDENT AID COMMISSION**  
**603 E. 12th STREET, 5<sup>th</sup> FLOOR, DES MOINES, IA 50319**  
**PHONE NO.: (800) 383-4222**  
**FAX NO.: (515)242-3389**

**PHYSICIAN'S STATEMENT OF CONDITION**

**(Must be completed before receipt of the first Title IV loan at any school.)**

**Section 1 – Borrower Information (To be completed by borrower)**

SSN: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**Borrower Authorization, Understanding, & Certification:**

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my federal loan(s) to make information from these records available to the Iowa College Student Aid Commission.

\_\_\_\_\_  
 Borrower (Borrower's Representative) Signature/Date

**Section 2 – Physician's Certification (To be completed by physician)**

**Instructions for Physician:** You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling impairment or condition has substantially improved.

Diagnosis of the aforementioned person's present medical condition:  
 \_\_\_\_\_

Borrower is: Ambulatory \_\_\_\_\_ Other \_\_\_\_\_

When did the aforementioned person's impairment or condition substantially improve?  
 \_\_\_\_\_

(mm/dd/ccyy)

**Prognosis:** \_\_\_\_\_

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgement, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature/Date: \_\_\_\_\_

Physician's Name (typed/print): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

State of Professional Registration: \_\_\_\_\_

Professional Registration Number: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE IOWA COLLEGE STUDENT AID COMMISSION  
 AT THE ADDRESS LISTED ABOVE**

## BORROWER ACKNOWLEDGEMENT

(Must be completed before receipt of a Title IV loan for each academic year.)

I, the undersigned, do hereby acknowledge that any subsidized and/or unsubsidized Federal Stafford or PLUS loan (or Federal Perkins loan) disbursed on or subsequent to the date this acknowledgement is signed and entered into may not be discharged in the future based on any impairment or condition described by my doctor in the "Physician's Statement of Condition" (which accompanies this Acknowledgement, or was previously provided upon my initial enrollment at this college or university), **unless** that impairment or condition substantially deteriorates to the status of a total and permanent disability as it is defined in federal regulations at 34 CFR 682.200\*.

\*34 CFR 682.200 defines total and permanent disability as the condition of an individual who is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death.

\_\_\_\_\_  
Borrower's signature

DATE: \_\_\_\_\_

**PLEASE RETURN THIS FORM WITH THE PHYSICIAN'S STATEMENT OF CONDITION TO:**

Iowa College Student Aid Commission  
603 E. 12th Street, 5<sup>th</sup> Floor, Des Moines, IA 50319

*Disability/New Loan Certification Package #1 -- For borrowers whose loans were:*

- 1) discharged before July 1, 2001*
- 2) discharged between July 1, 2001 and June 30, 2002, and who applied for a new loan more than three years from the date the borrower became disabled; and*
- 3) finally discharged on or after July 1, 2002.*