



Office of Student Financial Aid

Ellington Building
P.O. Box 4546
Clarksville, TN 37044

Phone: 931-221-7907
Fax: 931-221-6329

**TITLE IV ELIGIBILITY FOR LOANS DISCHARGED
BY TOTAL AND PERMANENT DISABILITY**

Student's Name _____ **A #** _____

In order for a borrower who has had a prior loan discharged due to total and permanent disability to receive a new loan, the following statement must be completed by a physician:

Physician's Statement

Based upon a recent evaluation, I certify that this individual's condition has improved and is able to engage in "substantially gainful activity". ("Substantially gainful activity" is defined as "a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.")

Physician Signature _____ **Date** _____

Print Physician Name _____ **Medical License #** _____

Office Address _____

Office Phone (____) _____