



A. Student Information

Student's Name: _____ FRC ID: _____

B. Acknowledgment Statement

I, _____, hereby acknowledge that the new William D. Ford Federal Direct
Print/Type Name of Person Completing Borrower Acknowledgement Statement
 Loan (Direct Loan) cannot later be discharged for any present impairment unless it deteriorates so that I am again
 totally and permanently disabled. In addition, I hereby understand that it is **my responsibility to provide a physician's
 certification** that I have the ability to engage in substantial gainful activity.

C. Physician's Certification

- Physician Certification (on official letterhead) is attached.
 - Check this box if you have attached your physician's certification.
- Will Submit* Physician Certification (on official letterhead).
 - Check this box if you plan to return with your physician's certification.

*Note: we cannot proceed with processing your financial aid until we receive your physician's certification.

D. Certification and Signatures – Each person signing this worksheet certifies that all the information reported on it is complete and correct. The student whose information was reported on the FAFSA must sign and date. Warning! If you purposely give false or misleading information you may be fined, sentenced to jail, or both.

Student Signature: _____ Date _____

This worksheet must be signed and dated to be valid. Electronic and/or digital signatures are not valid.

For Office Use Only

Physician's Certification Received

Approved

Pending

Denied

Comment(s) Supporting Decision:

Processed/Reviewed By:

Date: