



**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** – The 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.

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

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Physician's Certification Received

Approved

Pending

Denied

Comment(s) Supporting Decision:

Processed/Reviewed By:

Date: