

Borrower Acknowledgment & Physician's Certification 2025-2026

Student Information

Use **BLACK** or **BLUE** ink only

Student Name

Student ID

Student Phone Number

A student applying for Financial Aid who has had previous loans discharged due to total and permanent disability must complete the student section of this form and sign the statement that any new loans cannot be discharged. If this is the first time this form has been submitted, a physician's certification must be provided that confirms the student can engage in substantial gainful activity.

Student Selection/Confirmation of Requested Aid (Select the appropriate option below)

- I do not want loans and only want to be reviewed for Pell Grant eligibility
 - If yes, disregard the Physician Certification section
- This is a New Acknowledgement, and I am requesting loans for the 25-26 academic year
 - I have **NOT** submitted this form to Boise State requesting student loans in a prior academic year
 - Physician's Certification must be completed and returned with this request
- This is an Annual Acknowledgement, and I am requesting loans for the 25-26 academic year
 - I **HAVE** submitted this form to Boise State requesting student loans in a prior academic year and have previously provided the Physician's Certification
 - If yes, disregard the Certifying Physician section

Student Acknowledgment (Must be completed if requesting loans – not applicable if only requesting Pell Grant)

Please initial next to each line confirming you have read and understand the following:

_____ By requesting and receiving a new federal student loan during my post-discharge monitoring period or conditional period, if either are applicable, this may cause my prior loan obligation to be re-instated.

_____ If I have applied for or am in the process of applying for a Total and Permanent Disability discharge but the application has not been approved or rejected, any new disbursements of federal student loans may cause my application to be suspended until the funds are returned or may cause the application to be rejected.

_____ Any new federal student loans cannot be discharged in the future based on any impairment present when the new loan is made unless that impairment substantially deteriorates so that I am once again totally and permanently disabled. This statement is regardless of whether a post-discharge monitoring period was required or completed.

_____ If I have any questions related to any of the above acknowledgments, I will contact my loan servicer and the financial aid office to confirm my status and ensure I understand the repercussions of new borrowing before submitting this form.

Student section continues next page and must be completed

Deliver to: Boise State Financial Aid Office, Administration Building, Room 124, 1910 University Drive, Boise, ID 83725-1365

Email: FinancialAid@BoiseState.edu | **Phone:** (208) 426-1664

Note: Documents containing Social Security numbers may **not** be accepted via email. Please redact the number(s) or submit a different way.



Student Name

Student ID

Student Information

Last Name First Name M.I. Student ID Number

Permanent Street Address Last Four of Social

City State Zip Telephone Number (*Other*)

Student Certification

By signing below, I certify that all the information reported is complete and correct. I understand any person who knowingly makes a false statement or misrepresentation on this form may be subject to fine or imprisonment under Title 20, United States Code, Section 1097.

- *I authorize my physician to release medical information to the Boise State Financials Aid and Scholarships office for the purpose of determining my ability to engage in substantial activity.*

Signature of Borrower (*Handwritten or Stylus Required – typed will not be accepted*) **Date**



Physician’s Certification

This section is required to be completed and returned to Boise State University if a completed Physician’s Certification has not been submitted in a prior academic year, and if you (the student) are requesting federal student loans for the 2025-2026 academic year.

To Be Completed by Certifying Physician:

I certify that _____ (*student name*) has the ability to engage in substantial gainful activity, resulting in the repayment of student loans. The student is sufficiently physically recovered to be capable of attending school, successfully completing a program of study, and securing employment to repay a new student loan.

Comments:

I am legally authorized to practice in the state of _____

My professional license number is _____ (*Subject to verification through State records.*)

Printed Name of Physician

Address City, State Zip

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Telephone Fax (*optional*)

E-mail address (*optional*)

Physician’s Signature (*Handwritten or Stylus Required – typed will not be accepted*) **Date**