



# Physician's Certification and Borrower Acknowledgment of Obligation 2024-2025

## 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. The student then must obtain their physician's certification that the student can engage in substantial gainful activity.

NOTE: If a student requests a new loan during the post-discharge monitoring period or the conditional period, the student must also resume payment on the old loan before receipt of the new loan.

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.

### To Be Completed by the Borrower (student):

- I do not want loans and only want to be reviewed for Pell Grant eligibility (if yes, disregard the Certifying Physician section).
- New Acknowledgement (Physician's Certification below must be completed)
- Annual Acknowledgement (Physician's Certification was submitted a prior year)

Last Name First Name M.I. Student ID Number

Permanent Street Address Last Four of Social

City State Zip Telephone Number (Other)

**SIGNATURE CERTIFICATION:** By signing below, you certify that all of the information reported is complete and correct. If you purposely give false or misleading information, you may be fined, sent to prison, or both.

- 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.
- I am aware that the new Federal Student Loan cannot be discharged later for any present impairment unless it deteriorates so that I am again totally and permanently disabled.

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

Date

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

Email: [FinancialAid@BoiseState.edu](mailto:FinancialAid@BoiseState.edu) | Phone: (208) 426-1664 | FAX: (208) 426-1305

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



BOISE STATE UNIVERSITY  
FINANCIAL AID AND SCHOLARSHIPS

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Student ID

**To Be Completed by Certifying Physician:**

I certify that \_\_\_\_\_ 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 for attending school, successfully completing a program of study, and securing employment in order 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

( ) ( )

\_\_\_\_\_  
Telephone Fax (optional)

\_\_\_\_\_  
E-mail address (optional)

\_\_\_\_\_  
Physician's Signature (Handwritten or Stylus Required – typed will not be accepted) Date

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