



**Keystone College
Financial Aid Office**

Physician’s Certification Form

For reinstatement of borrower’s student loan eligibility after earlier discharge of loans due to total and permanent disability

Directions to Borrower: Give this form to your physician to be completed. The physician must be a licensed doctor of medicine or doctor of osteopathy. Return this form by scanning the completed copy along with the completed Borrower Acknowledgement Form to the Financial Aid Processing Center via email (financialaid@keystone.edu).

Directions to Physician: Please complete the information below. The patient/borrower was previously certified to be totally and permanently disabled. In completing and signing this form you are certifying that the patient/borrower’s condition has now sufficiently improved to permit him/her to engage in substantial gainful activity. This means that he/she is sufficiently recovered to be capable of attending school, successfully completing a program of study, and securing employment.

Physician’s Certification

I, _____ certify that the impairment of
Physician’s Name

_____ has improved sufficiently to allow the
Patient/Borrower’s Name

patient/borrower to engage in substantial gainful activity, as defined above in the directions.

The patient/borrower regained the ability to engage in substantial gainful activity on or about

_____.
Date (mm/dd/yy)

Physician’s Signature

Date

Physician’s Printed Name

Physician’s License Number

Physician’s Office Telephone Number