



437 Pequot Avenue, New London Ct 06320 Phone: 800-443-2811

## Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

### SECTION I: To be completed by the Borrower

**Name of Borrower:** \_\_\_\_\_

**Consent to release information:** I authorize any physician, hospital or other institution pertaining to the disability for which I previously received cancellation of my loan(s) to make information from such records available to Mitchell College, Department of Education or to the holders of my loan(s).

**Student's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### SECTION II: To be completed by the certifying Physician

**Instructions to the Physician:** The borrower for which you are completing this certification previously had loans discharged due to total and permanent disability. At the time of that discharge, a physician certified that the borrower was totally and permanently disabled and unable to engage in substantial gainful activity. **You are asked to certify that the borrower named above is able to engage in substantial gainful activity. The U.S. Department of Education defines "substantial gainful activity" as, "a level of work performed for pay or profit that involves doing significant physical or mental activity or both".**

**I certify in my best professional judgment (borrower name)** \_\_\_\_\_

\_\_\_\_\_ **is able to engage in substantial activity as defined by the**

**U.S. Department of Education.**

**Signature of Physician (M.D. or D.O.) :** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Physician's License number:** \_\_\_\_\_

**Type or Print Physician's name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Office Telephone Number:** \_\_\_\_\_