



FEDERAL STUDENT AID

We Help Put America Through School

Your office confirmed a permanent disability condition for the patient indicated below. In order to discharge this patient's loan(s), additional information is required within 3 business days.

Physician's Name	Dr.	Today's Date	2/5/2007
Telephone #		Patient's Name	
FAX #		Account #	

The United States Department of Education has received a disability form, signed by you, certifying the above referenced individual to be totally and permanently disabled. Federal regulations define this as "unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death." **If the individual is able to work, even on a limited basis, currently or in the future, he or she is not considered to have a total and permanent disability as defined above.** Please review your records and return this letter to the fax number listed below within 3 business days.

✓ Below, please describe in detail, symptoms and deficits that render the patient totally and permanently disabled and therefore unable to return to work in any capacity. Please include a description of the medications the patient is taking and/or the medical procedures he/she has undergone or will undergo. Please include most current History and Physical. Thank-You.

SSID AND/OR VA DISABILITY ARE NOT QUALIFIERS FOR LOAN DISCHARGE In addition to the above question, Medical-Diagnoses, recent progress notes, medications, current treatments, surgery, hospitalizations, describe why borrower cannot perform in light duty, sedentary or part time work per fsa guidelines.

Is the condition temporary? Yes No

In your best professional opinion, will the individual ever have the ability to engage in any form of employment? Yes No

Return this form via FAX within 3 business days to the Conditional Disability Discharge Servicing Center.
FAX # (315) 731 - 2715 **PHONE # (888) 869 - 4169**

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