



Financial Aid Office

Call/Text: 503-554-2302

Turn in: 414 N. Meridian St. #6068, Newberg, OR 97132

Physician's Certification

1) To Be Completed by the Student

Student's Name	George Fox ID Number	Date of Birth

2) To Be Completed by a Physician

The student above submitted the following statement in order to utilize federal student loans.

I am requesting a new Federal Direct Loan and/or a Federal TEACH Grant. I understand that any federal student loan(s) I accept after my previous disability loan discharge cannot be discharged under the same disability unless that condition substantially deteriorates to the extent that the definition of total and permanent disability is again met. I acknowledge that collection activity will resume on any loan that was conditionally discharged in the last three years and that the loan cannot be discharged, unless the impairment substantially deteriorates. I understand that I may be eligible for an in-school deferment.

Physician's Statement

I, (print doctor's name) _____, am a licensed doctor of medicine or osteopathy, a nurse practitioner, a physician's assistant, or a doctor of psychology, who is legally authorized to practice in a state of the United States or its territories, and have been treating the above-named student for the disability referenced in the student's statement. I attest that the student is capable of substantial gainful activity. As defined in federal regulations, "substantial gainful activity" means a level of work performed for pay that involves doing significant physical or mental activities or a combination of both.

Physician's Signature (no stamps)	Date	Phone Number

Mailing Address

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