

# STUDENT FINANCIAL SERVICES CERTIFICATION OF BORROWER'S CONDITION



## PHYSICIAN SECTION

Note: Physician, please complete Section A or Section B as applicable and mail to:

**Midlands Technical College**

**Attn: Cheryl Lindsey**

**PO Box 2408**

**Columbia, SC 29202**

## SECTION A

I certify that, in my best professional judgment, the condition of \_\_\_\_\_ (name of borrower) has improved enough to allow him or her to either engage in substantial gainful activity or to attend school. I further certify that this improvement of condition could not have been reasonably foreseen on \_\_\_\_\_ (date of original certification of total and permanent disability).

*Warning: Previous student loan debts have been cancelled due to Total and Permanent Disability. Certification of this form enables the borrower to obtain additional financial aid. Any person who knowingly makes false statements or misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code 20 USC 1097.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Physician's Name

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician's Address (include suite #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## SECTION B

I certify, in my best professional judgment, the condition of \_\_\_\_\_ (name of borrower) has not improved enough to allow him or her to either engage in substantial gainful activity or to attend school.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or Type Physician's Name

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
Physician's Address (include suite #)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

## STUDENT SECTION

Please read the statement below and sign.

I understand that any new student loans awarded by Midlands Technical College may not be discharged due to the same or any disability existing at the time the new loan is made, unless the disabling condition substantially deteriorates to the extent that the condition of total and permanent disability is met.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Student

\_\_\_\_\_  
MTC ID Number