



**Financial Aid and Scholarship Services  
Total and Permanent Discharge –  
Physician Statement**

Academic Year  <b>2024-2025</b>
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**Student information** (to be completed by the student)

<b>Last name</b>	<b>First name</b>	<b>Middle I.</b>	<b>10-digit ASU ID</b>	
<b>Local street address</b>	<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Daytime phone number</b>

**Instructions**

1. Student information to be completed by the student/patient.
2. Sections A and B to be completed by the Physician/Physician's office.
3. Physician selects a condition that applies to the student/patient in section A.
4. Sign, date, and include pertinent physician information in Section B, returning the form to the patient.
5. Student submits this form and supporting documentation online by uploading to [tuition.asu.edu/find-a-form/fa-submit-info](http://tuition.asu.edu/find-a-form/fa-submit-info), mail to P.O. Box 870412, Tempe, AZ 85287-0412, or in person to any Financial Aid and Scholarship Services locations.

**Section A: Physician Statement** (to be completed by the physician)

You are receiving this confirmation letter because \_\_\_\_\_ is attending Arizona State University and is requesting Federal Student Loans.  
(Patient Name)

If a borrower (your patient) whose prior loan was discharged due to a total and permanent disability wishes to take out a Federal Direct Loan or wishes to receive a Teacher Education Assistance for College and Higher Education (TEACH) grant, they must obtain a certification from a physician (be a Doctor of Medicine or Osteopathy licensed to practice in the United States) that they, the patient, have the ability to engage in substantial gainful activity.

Per the Social Security Administration, the term "substantial gainful activity" (SGA) is used to describe a level of work activity and earnings. Work is "substantial" if it involves doing significant physical or mental activities or a combination of both. "Gainful" work activity is: Work performed for pay or profit.

I am a doctor of:     Medicine             Osteopathy/Osteopathic Medicine

Please select one of the options below:

- Yes, the patient listed above, has the ability to engage in substantial gainful activity.
- No, the patient listed above, does not have the ability to engage in substantial gainful activity.

**Section B: Physician Certification and Information**

**Certification:** I certify that, in my best professional judgment, the submitted information is true and correct to the best of my knowledge and belief.

<b>Practice Name</b>	<b>Practice Address</b>
<b>Name of Physician (print)</b>	<b>Professional License Number (subject to verification)</b>
<b>Physician Phone Number</b>	<b>Physician Email</b>
<b>Physician Signature</b>	<b>Date</b>

If you need assistance with completing this form, please contact our office at 855-278-5080 or [tuition.asu.edu/contact-resources](http://tuition.asu.edu/contact-resources).