



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

Academic Year
2025-2026

Student information (to be completed by the student)

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

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**.
 - a. Physician **MUST** be a MD/DM/DO.
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 <https://tuition.asu.edu/forms/fa-misc-verification/2026>, 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.

Practice Name	Practice Address
Name of Physician (print)	Professional License Number (subject to verification)
Credential (Please check one): <input type="checkbox"/> MD <input type="checkbox"/> DM <input type="checkbox"/> DO	
Physician Phone Number	Physician Email
Physician Signature	Date

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