

TOTAL & PERMANENT DISABILITY CANCELLATION FORM



PART 1 – TO BE COMPLETED BY THE BORROWER

To be eligible for cancellation based on total permanent disability, the following must apply:

- Your physician must certify that you are unable to work and earn money or attend school due to an injury or illness that is expected to continue indefinitely or to result in death.

Borrower Name _____ **Account #(s)** _____

Address _____

City, State, Zip Code _____

Home Phone _____ **Work Phone** _____

Consent for release of information: I authorize any physician, hospital, or other institution having records pertaining to the disability for which I am requesting a deferment to make information from such records available to the University of Massachusetts for the purpose of determining my claim for disability.

Borrower's Signature _____ **Date** _____

PART 2 THIS SECTION MUST BE COMPLETED IN ITS ENTIRETY BY THE CERTIFYING PHYSICIAN.

When did the disabled person's present illness or injury begin? _____

Date disabled person became unable to work _____

Disabled person is _____ Ambulatory _____ Bed Confined
_____ Rehabilitation Program _____ House Confined

If disabled person is hospitalized or in a rehabilitation program, give the institutions name _____

Prognosis: Is the condition static? _____ Yes _____ No

If No, what optimum improvement can be expected:

Diagnosis of disabled person's present medical condition:

(PLEASE COMPLETE THE REVERSE SIDE)

PHYSICIAN CERTIFICATION OF TOTAL PERMANENT DISABILITY

I certify that in my best professional judgement, _____ is unable to engage in any substantial gainful activity or to attend school because of a medically determinable impairment that is expected to continue indefinitely or to result in death.

I am legally authorized to practice in the state of: _____

I am affiliated with the following medical institution (if not applicable, please indicate) _____

Type or print name and address of physician:

Date _____

Signature of Physician (MD/OD)

WARNING: Criminal Penalties

Any person who knowingly and willfully embezzles, misapplies, steals or obtains by fraud, false statement, or forgery, any funds, assets, or property provided or insured under Part IV of the Higher Education Act of 1965, as amended shall be fined not more than \$10,000 or imprisoned for not more than five years, or both; but if the amount so embezzled, misapplied, stolen or obtained by fraud, false statement, or forgery does not exceed \$200, the fine shall be not more than \$1,000 and imprisonment shall not exceed one year, or both.

Return completed form to:

**University of Massachusetts
Student Loan Office
406B Goodell Building
140 Hicks Way
Amherst, MA 01003-9272**

For more information, either call us at (413) 545-2377, or visit our web site at <http://www.umass.edu/aco/sl>.

For office use only:

Approved _____ Yes _____ No

Date Letter Sent to UHS _____

Date Response Received from UHS _____

Disapproved/Reason: _____

Principal Canceled _____

Interest Canceled _____

Account Analyst _____

Date _____