

IOWA COLLEGE STUDENT AID COMMISSION
200 – 10TH STREET, 4TH FLOOR, DES MOINES, IA 50309-3609
PHONE NO.: (800) 383-4222
FAX NO.: (515)242-3389

PHYSICIAN'S STATEMENT OF CONDITION

Section 1 - Borrower Information (To be completed by borrower)

SSN: _____
 Name: _____
 Address: _____
 City, State, Zip: _____
 Telephone: _____

Borrower Authorization, Understanding, & Certification:

I authorize any physician, hospital or other institution having records about the impairment or condition for which I had previously requested discharge of my Federal Family Education Loans to make information from these records available to the Iowa College Student Aid Commission.

 Borrower (Borrower's Representative) Signature/Date

Section 2 - Physician's Certification (To be completed by physician)

Instructions for Physician: You are being asked to complete and sign this form to certify that the aforementioned person whose loan(s) were previously discharged due to a total and permanent disability is presently able to engage in substantial gainful activity because the disabling condition or impairment has substantially improved.

Diagnosis of the aforementioned person's present medical condition:

Borrower is: Ambulatory _____ Other _____

When did the aforementioned person's illness/injury substantially improve?

(mm/dd/ccyy)

Prognosis: _____

I certify that I am a doctor of medicine or osteopathy and legally authorized to practice and that in my best professional judgement, the person named above is able to engage in substantial gainful activity, i.e., work and earn money.

Physician's Signature/Date: _____

Physician's Name (typed/print): _____

Address: _____

City, State, Zip: _____

Telephone: _____

State of Professional Registration: _____

Professional Registration Number: _____

**PLEASE RETURN THIS FORM TO THE IOWA COLLEGE STUDENT AID COMMISSION
 AT THE ADDRESS LISTED ABOVE**

