

NORTH CAROLINA STATE EDUCATION ASSISTANCE AUTHORITY

Post Office Box 14223
Research Triangle Park, NC 27709
Telephone (919) 549-8614
Fax (919) 549-8481

PHYSICIAN'S CERTIFICATION OF BORROWER'S DISABILITY

SECTION I: TO BE COMPLETED BY BORROWER OR BORROWER'S REPRESENTATIVE

1. Name of Borrower: (Last) (First) (MI)
2. Borrower's Social Security Number 3. Type of Loan(s)

CONSENT FOR RELEASE OF INFORMATION - I authorize any physician, hospital or other institution having records pertaining to the disability for which I am requesting cancellation of my loan(s) to make information from such records available to NC - State Education Assistance Authority.

4. Type or Print Name and Address of Borrower or Borrower's Representative
5. Signature of Borrower or Representative 6. Date

SECTION II: TO BE COMPLETED BY CERTIFYING PHYSICIAN

1. Borrower's Disability is: Temporary Permanent
2. Borrower's Disability is: Total Partial
3. When did Borrower's Present Illness or Injury Start: Date
4. Date Borrower Became Unable To Work and Earn Money: Date
5. If Condition is Temporary, Date Borrower is Expected to Return to Work: Date
6. Borrower is: Ambulatory Hospital Confined Bed Confined Other House Confined
7. Diagnosis of Borrower's Present Medical Condition:

8. Prognosis - Is Condition Static: YES NO
If No, What Optimum Improvement Can Be Expected?

PLEASE COMPLETE SECTION III ONLY IF YOU CONSIDER THIS BORROWER TO BE TOTALLY AND PERMANENTLY DISABLED.

SECTION III:

SECTION III: PHYSICIAN CERTIFICATION OF BORROWER'S TOTAL AND PERMANENT DISABILITY

I certify that in my best professional judgement (borrower) is unable to engage in any substantial gainful activity because of a medically determinable impairment that is expected to continue for a long and indefinite period of time or to result in death. I am legally authorized to practice in the State of

10. Type or Print Name and Address of Physician
11. Signature of Physician (M.D. or D.O.) 12. License Number 13. Date

PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY