



Financial Aid Office
360 Choate Avenue
Buffalo, NY 14220
716.826.1200

Physician's Certification of Borrower's Ability to Engage in Substantial Gainful Activity

SECTION TO BE COMPLETED BY BORROWER		
Name of Borrower (Last, First, middle)		Borrowers SS#:
CONSENT FOR RELEASE OF INFORMATION - I authorize any Physician, Hospital or other Institution having records pertaining to the disability due to which my prior loan(s) were cancelled to make information from such records available to Trocaire College.		
Type or Print Name and Address of Borrower		Date (MM/DD/YYYY)
Nature of Disability resulting in discharge:		
I am aware that my new loan(s) cannot be cancelled in the future on the basis of any present impairment, unless said impairment substantially deteriorates to the extent the condition of total and permanent disability is met.		
Signature of Borrower:		Date:
SECTION TO BE COMPLETED BY CERTIFYING PHYSICIAN		
Date Borrower became able to work and earn wages (MM/DD/YYYY)		
Statement of Borrower's present medical condition:		
Physician certification of borrower's ability to engage in substantial gainful activity. I certify that in my best professional judgement the disability conditions of _____(borrower) has improved and that _____(borrower) is now able to engage in substantial gainful activity, substantial gainful activity is defined as the ability to work and earn money.		
I am legally authorized to practice in the State of _____		
Type or Print Name and address of Physician:		
Signature of Physician:	Medical License Number:	Date (MM/DD/YYYY)