

Walden University

STUDENT: PROOF OF REHABILITATION

Name: _____

SSN: _____

Address: _____

Phone: _____

City, State: _____

ZIP: _____

STUDENT:

1. Ask your physician to complete the PHYSICIAN CERTIFICATION FORM.
2. Read the following paragraphs, complete and sign this form.
3. Return both forms to the Financial Aid Office: 1001 Fleet Street, Baltimore, MD 21212, or fax them to: 410-843-6211.

I understand that my Federal Student Loan will not be cancelled on the basis of any present impairment/disability unless my condition substantially deteriorates to the extent that the definition of total and permanent disability is again met.

I also understand that if I am within the three-year provisional period for disability cancellation of a prior loan, I must resume payment of that loan.

STUDENT SIGNATURE: _____

DATE: _____