CAMPUS PARTNERS

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Re: Account Number _____

Physician's Affidavit of Disability

According to the Federal Register, December 1, 1987, Section 674.34 and 674.35 **temporary** total disability deferment may be granted to you or your spouse if your loan was made on or after October 1, 1980 and prior to June 30, 1993. The provision for care of a dependent is only if your loan was made on or after July 1, 1987, with a nine-month grace period, and prior to June 30, 1993.

Please have your physician complete the affidavit and return it along with your deferment form to our office.

The following affidavit is for the purpose of establishing the eligibility of a Federal Perkins Loan recipient to receive a deferment due to temporary disability.

I certify that in my best professional judgement, my patient _____, who is the borrower or spouse/dependent (circle one) of _____, Social Security Number _____, is disabled. The nature of the patient's illness is:_____. The patient's disability began on _____.

On what date do you "anticipate" that this patient will recover to the extent that he or she will be able to either **attend school** and/or be **gainfully employed**?

I am legally authorized to practice medicine/osteopathy in the State of _____. I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

_____ _____

Signature of Physician (M.D. or D.O.) Date

_____

Physician (Please Type or Print)

_____ (SEAL)

Physician's Address

_____ If not available, provide statement

City State Zip Code of disability on letterhead.

_____

Physician's Telephone

DEF 016 (3925p – rev.7/00)