



# LOAN DISCHARGE APPLICATION: TOTAL AND PERMANENT DISABILITY

OMB No. 1845-0065  
Form Approved  
Exp. Date 05/31/2008

Federal Family Education Loan Program / Federal Perkins Loan Program / William D. Ford Federal Direct Loan Program

**WARNING:** Any person who knowingly makes a false statement or misrepresentation on this form or on any accompanying documents will be subject to penalties which may include fines, imprisonment or both, under the U.S. Criminal Code and 20 U.S.C. 1097.

## SECTION 1: BORROWER IDENTIFICATION

Please enter or correct the following information.

SSN | 0 | 0 | 0 | - | 0 | 0 | - | 0 | 0 | 0 | 0 |

Name Joe Zone

Address 1313 XXX Drive

City, State, Zip Hollywood, CA 90211

Telephone - Home ( 000 ) 227-4631

Telephone - Other ( ) \_\_\_\_\_

E-mail address (optional) \_\_\_\_\_

## SECTION 2: BORROWER DISCHARGE REQUEST

Before signing, carefully read the entire form, including the instructions and other information on the following pages.

### Borrower Request, Authorization, Understandings, and Certifications

I request that the U.S. Department of Education (ED) discharge my loan(s) made under the Federal Family Education Loan (FFEL) Program, the Federal Perkins Loan (Perkins Loan) Program, and/or the William D. Ford Federal Direct Loan (Direct Loan) Program.

I authorize any physician, hospital, or other institution having records about the disability that is the basis for my request for a loan discharge to make information from these records available to the holder(s) of my loan(s).

I understand that I must submit a separate discharge application to each holder of the loan(s) that I want to have discharged. I further understand that I am not eligible to receive a final discharge of my loan(s) unless I meet certain requirements during and at the end of a conditional discharge period, as explained in Sections 6 and 7. If I am a veteran, I understand that the certification by a physician on this form is only for the purposes of establishing my eligibility to receive a discharge of a FFEL Program, Perkins Loan Program, or Direct Loan Program loan and is not for purposes of determining my eligibility for or the extent of my eligibility for Department of Veterans Affairs benefits.

I certify that I have a total and permanent disability, as defined in Section 5. In addition, I certify that I have read and understand the information on the loan discharge process, the terms and conditions for discharge, the eligibility requirements for loan discharge, and the eligibility requirements to receive future loans as explained in Sections 6, 7, and 9.

Joe Zone

11/15/05

Signature of Borrower or Borrower's Representative

Date

Printed Name of Borrower's Representative (if applicable)

Address of Borrower's Representative (if applicable)

Representative's Relationship to Borrower (if applicable)

## SECTION 3: PHYSICIAN'S CERTIFICATION

**Instructions for Physician:** The borrower identified above is applying for discharge of his/her federal education loan(s) based on a total and permanent disability. You should complete and sign the certification below only if you are a doctor of medicine or osteopathy legally authorized to practice in a State (see definition in Section 5) and if the borrower's condition meets the definition of total and permanent disability in Section 5. Provide all requested information and attach additional pages if necessary. **Type or print in dark ink. Please return the completed form to the borrower or the borrower's representative.** The holder(s) of the borrower's loan(s) (see definition in Section 5) may contact you for additional information or documentation.

**Note: The standard for determining disability for discharge of the borrower's loan(s) may be different from standards used under other programs in connection with occupational disability, or eligibility for social service or veterans benefits.**

1. Diagnosis/explanation of the borrower's present medical condition (identify the borrower's condition and explain how it prevents the borrower from working and earning money in any capacity). **Do not use abbreviations or insurance codes.**

The patient has muscular dystrophy and epileptic episodes. The muscular dystrophy causes loss of motor skills that makes it impossible for the patient to sit or stand more than 15 minutes at a time. In addition, the epilepsy prevents the patient from driving or working anywhere where he may be injured during a seizure.

2. When did the borrower's medical condition begin? (MM-DD-YYYY) | 0 | 1 | - | 0 | 1 | - | 2 | 0 | 0 | 2 |

3. a. Does this medical condition prevent the borrower from being able to work and earn money in any capacity?  Yes  No

b. If Yes, when did the borrower become unable to work and earn money in any capacity? (MM-DD-YYYY) | 0 | 7 | - | 2 | 1 | - | 2 | 0 | 0 | 3 |

I certify that, in my best professional judgment, the borrower identified above is unable to work and earn money because of an injury or illness that is expected to continue indefinitely or result in death. I understand that a borrower who is currently able or who is expected to be able to work and earn money, even on a limited basis, is not considered to have a total and permanent disability.

I am a doctor of (check one)  medicine  osteopathy legally authorized to practice in the state of CA.

My professional license number is 17012900.

(Subject to verification through State records.)

Willis Johnson, M.D.

9/26/05

Willis Johnson, M.D.

Physician's Signature (a signature stamp is not acceptable)

Date

Printed Name of Physician

2950 ZZZ Drive

Hollywood, CA 90210

Address

City, State, Zip

(000) 231-1500

( ) \_\_\_\_\_

Telephone

Fax (optional)

E-mail address (optional)