



Student Name: _____ FRC ID: _____

I, _____, hereby acknowledge that the new Federal
Print/Type Name of Person Completing Borrower Acknowledgement Statement

Student Aid (FSA) loan can't later be discharged for any present impairment unless it deteriorates so that I am again totally and permanently disabled. In addition, I hereby understand that it is my responsibility to provide a physician's certification that I have the ability to engage in substantial gainful activity.

WARNING! If you purposely give false or misleading information you may be fined, be sentenced to jail, or both.

I hereby acknowledge and certify all information reported on this form and any attachments are true, complete, and accurate. False statements or misrepresentation will be cause for denial, reduction, withdrawal, and/or repayment of financial aid.

Signature: _____ Date _____

**THIS WORKSHEET MUST BE SIGNED AND DATED TO BE VALID.
ELECTRONIC AND/OR DIGITAL SIGNATURES ARE NOT VALID**

*****OFFICE USE ONLY*****

Physician's Certification Received Date Received: _____

Reviewed by: _____ Date Reviewed: _____