

BOSTON COLLEGE STUDENT LOAN PROGRAM
Request for Total and Permanent Disability Deferment

Student Name	Date	
Address		
City	State	Zip
Telephone Number	Social Security Number	
Account Status	Payoff Balance	

Cancellation Application Section I: To be completed by the borrower

I hereby apply for total cancellation of my Perkins loan(s). I am permanently and totally disabled and unable to be gainfully employed or attend school.

Current Address: _____

Telephone Number: _____

Signature: _____ Date: _____

Cancellation Application Section II: To be completed by the borrower's physician

I hereby certify that the patient name above is to the best of my knowledge permanently and totally disabled. I understand that permanent and total disability is defined by the Federal Regulation for the Federal Perkins Loan Program as "the inability to work and earn money or to attend school because of an impairment that is expected to continue indefinitely or to result in death." I also understand that "even a 95% disability does not qualify" as permanent and total disability.

The patient became unable to work or attend school on _____ and the disabling condition is expected to continue indefinitely or result in death.

I have attached documentation of diagnosis of the disabled person's illness or injury.

Physician's Name: _____

Address: _____

Telephone Number: _____

Signature: _____ Date: _____