



Physician Section

Note: Physician, please complete Section A or Section B, as applicable.

Section A

I certify that, in my best professional judgment, the condition of

(name of the NJ STARS student)

has improved enough to allow him or her to either engage in substantial gainful activity or to attend school. I further certify that this improvement of condition could not have been reasonably foreseen on

(Date of original certification of total and permanent disability)

Warning: Previous student loan debts may have been cancelled due to total and permanent disability. Certification of this form enables the NJ STARS student to obtain additional financial aid. Any person who knowingly makes false statement of misrepresentation on this form shall be subject to penalties which may include fines or imprisonment under the United States Criminal Code and 20USC1097.

OR

Section B

I certify that, in my best professional judgment, the condition of

(name of the NJ STARS student)

has not improved enough to allow him or her to either engage in substantial gainful activity or to attend school.

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

 Date

 (Print or type) Physician's Name

 Telephone Number

PHYSICIAN STAMP REQUIRED

NJ STARS Student Section

Please read the statement below and sign.

I understand that any new student aid awarded by OCC may not be discharged due to the same or any disability existing at the time the new awards are made, unless the disabling condition substantially deteriorates to the extent that the definition of total and permanent disability is met.

Soc. Security # _____ OCC Student ID _____

Student's Signature _____ Date _____

Parent(s) Signature *(If student is under 18 years old)* _____

Please complete, sign, and return this form to:

NJ STARS Coordinator • Ocean County College • College Drive • P.O. Box 2001 • Toms River, NJ 08754-2001 •
 Fax: 732.864-3850 • Phone: 732.255-0300