



UNITED STATES DEPARTMENT OF EDUCATION
FEDERAL STUDENT AID
Processing Division Regional Office, Room 8600
50 Beale Street
San Francisco, CA 94105-1813

TO: U.S. Attorney's Office

RE: Defaulted Student Loan Accounts Referred to DOJ for Enforced Collection
Instructions for Completion and Submission of Total and Permanent Disability
Application – Rev. 02/11/09

The application is attached. Please heed the following instructions for completion and submission of the application:

- (1) The application must contain an original signature of the borrower and the physician; the borrower and the physician must also date the application.
- (2) The application must be submitted to U.S. Department of Education within 90 days of the date the physician signs Section 4 of the application.
- (3) Section 4 must contain the physician's full name, address, telephone number, medical license number, and the state the physician is authorized to practice profession.
- (4) Section 4 must be complete as to the nature, duration, and severity of the borrower's present and future impairment.
- (5) The physician should not use abbreviations and should use layman's terms.
- (6) The physician must initial each change to any changes to the information provided in Section 4.
- (7) All items provided in Section 4 must be legible.
- (8) All items requested must be provided.

Please mail the original application (4 pages) to:

U.S. Department of Education
Litigation Support, Room 8629
Attn: Delfin M. Reyes
50 Beale Street
San Francisco, CA 94105-1813

Delfin M. Reyes
Loan Analyst