

Nathan Deal  
GOVERNOR



Georgia Student Finance Commission  
Georgia Student Finance Authority  
Georgia Higher Education Assistance Corporation  
**GAcollege411**

Tricia P. Chastain  
PRESIDENT

**AFFIDAVIT OF PHYSICIAN**

State of \_\_\_\_\_ City of \_\_\_\_\_

Personally appeared before the undersigned officer duly authorized to administer oaths,  
\_\_\_\_\_ who upon being sworn, states as follows:

(Physician's name)

1. I am over the age of majority and am competent to testify regarding the matters contained herein. My testimony is based on my personal knowledge.
2. My name is \_\_\_\_\_, \_\_\_\_\_ Medical License Number \_\_\_\_\_  
(Physician's name and title)
3. I am a physician authorized to practice medicine in the State of \_\_\_\_\_ under a valid license issued by the state's medical review board.
4. I have been practicing medicine for \_\_\_\_\_ years. I have Board Certification(s) in \_\_\_\_\_.
5. I am currently employed by \_\_\_\_\_. I have been employed here for \_\_\_\_\_ year(s).
6. I have treated \_\_\_\_\_ since \_\_\_\_\_, \_\_\_\_\_, for \_\_\_\_\_.
7. I have determined that \_\_\_\_\_ is presently totally and permanently disabled and has been totally disabled since \_\_\_\_\_, \_\_\_\_\_.
8. Due to this total and permanent disability, it is my professional opinion that Scholar will be unable to teach or serve on a full-time basis.
9. I understand that the information provided herein will be used by Georgia Student Finance Authority ("Authority") to determine if the Authority has the right to cancel or forgive the Scholar's repayment of the Student Access Loan.

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Further, affiant saith not.

Executed the sworn to before the undersigned officer, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Notary Public

My Commission expires: \_\_\_\_\_