



RETURN TO: Office of Financial Aid | 101 Gates Hall
1900 W. 7th Street, CMB #1266, Plainview, TX 79072
finaid(yourcampus)@wbu.edu or finaidhelp@wbu.edu (Plainview)

Physician's Certification of Borrower's Condition

Student's Name _____ Student ID _____
Last First

The above named individual was certified to be totally and permanently disabled. Under Title IV, of the Higher