

Texas Armed Services Scholarship Program

Medical Disability Cancellation Request
Texas Higher Education Coordinating Board
P. O. Box 12788 Austin, Texas 78711-2788
Tel. (800) 242-3062 Fax (512) 427-6423

SECTION 1: Borrower Identification

Social Security or Reference #: _____
Name: _____
Address: _____
City, State, Zip: _____ Email Address: _____
Telephone - Home: (_____) _____ Cell: (_____) _____

I authorize any physician, hospital, school, or other institution having records about the disability that is the basis for my request for discharge to make information from those records available to the Texas Higher Education Coordinating Board.

Signature of Borrower or Representative

Date

SECTION 2: Instructions for Completing the Form

- (1) Type or print using dark ink.
- (2) If you are in military service, a licensed physician must either complete Section 3 or attach a copy of military verification that you are medically disabled **and/or** a Veterans Affairs disability letter.
- (3) If you are a student in ROTC, a ROTC authorized official must either complete Section 4 or attach written certification that you are medically unable to meet the medical standard for military service **and** provide signed medical verification from your physician.

SECTION 3: Physician's Certification

Instructions for Physician: The applicant identified above is applying for cancellation of his/her student loan obligation(s) based solely on a physical inability to meet the military service obligation required under the scholarship program agreement.

Provide all requested information; you may attach additional pages if necessary. Please type or print in dark ink. Sign the certification (**a signature stamp is not acceptable**) only if the applicant's condition renders him/her unable to meet the medical standard for military service in accordance with the Department of Defense Instruction (DoDI 6130.3 Medical Standard for Military Service).

Diagnosis of applicant's medical condition; **do not use abbreviations or insurance codes:**

I certify that, in my best professional judgment, **the applicant identified above is unable to meet the medical standard for military service.** I am a (check one) **doctor of medicine (MD)** / **doctor of osteopathy (DO)** legally authorized to practice in the state of ____ and my professional license number issued by that state is _____.

Physician's signature

Physician's Name (Printed)

Date

Address

City

State

Zip

Telephone

SECTION 4: ROTC Official Certification

Instructions for ROTC Official: The student identified above is applying for cancellation of his/her student loan obligation(s) based solely on a physical inability to meet the military service obligation required under the scholarship program agreement.

Provide all requested information; attach signed medical verification if Section 3 is not completed by a physician. Please type or print in dark ink. Sign the certification (**a signature stamp is not acceptable**) only if the borrower's condition renders him/her unable to meet the medical standard for military service in accordance with the Department of Defense Instruction (DoDI 6130.3 Medical Standard for Military Service).

Signature of ROTC Authorized Official

Printed Name of ROTC Authorized Official

Date

School Address

City

State

Zip

Telephone