



File No.	FOR OFFICE USE ONLY
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Section 1 - Student Borrower Information

Student Borrower's Full Name _____ (please print) Social Insurance No. _____

Mailing Address: _____ Telephone _____ - _____
street/apartment number area code

_____ Postal Code _____
city/town province

NOTE: The Student Borrower is responsible for any charge which may be made for completion of this form by the Attending Physician.

Check (✓) the reason for this Attending Physician's Statement.

- Support my absence from school for medical reasons
- Provide medical information to support the assessment/reassessment of my loan application or to support my course extension request
- Verify medical information on my loan application for audit or overpayment investigation
- Provide medical information to support my application for: Sask. Interest Relief Other provincial benefits

Section 2 - Patient Release of Medical Information

Patient's Full Name _____ Relationship to Student Borrower Self Spouse Other - Specify _____

I hereby authorize the information on this form to be released to Student Financial Assistance Branch for official use under the student assistance programs. **I hereby release** the attending physician named below of any and all claims for any action taken by Student Financial Assistance Branch resulting from this statement.

X _____ Date _____
Patient's signature (in ink)

Section 3 - To be completed by Attending Physician

- Please indicate the condition for which you are (were) treating the above-noted patient:
 - Pregnancy: Date of Delivery (expected or actual)

Day	Month	Year
 - Illness or disability: Please give a description, including the approximate date the condition began.

- What is your prognosis of this condition? Permanent Temporary
 Please explain _____
- To the best of your professional judgment, what will be (was) the period of time the above-noted patient will be (was) medically unfit to perform normal duties such as attending school, working or actively seeking employment?
 From

Day	Month	Year

 To

Day	Month	Year
- Remarks:** (Please include any unusual circumstances or special conditions which should be considered)

Attending Physician's Name and Mailing Address (please print):

Attending Physician's Signature

 _____ postal code _____

X _____
 Date _____

Telephone _____ - _____
area code