

PERMANENT DISABILITY CERTIFICATION

Student Name

Study Period

Student Number

Faculty/Year

A 'permanent disability' is defined as a functional limitation that is caused by a physical or mental impairment that restricts the student's ability to perform the daily activities necessary to participate in studies at a postsecondary level or in the labour force, and is expected to remain with the student for his/her expected natural life.

Does this student have a 'permanent disability' as defined above?

- Yes
 No

Identification of Practitioner (please print)

Name & Title: _____

Registration or License number (if applicable): _____

Telephone/Fax () _____

Address: _____

Practitioner's signature: _____ Date: _____

Please return this form to:

**Western University - Student Financial Aid - Western Student Services Building - Room 1100
London, ON - N6A 3K7 - Tel. (519) 661-2100 Fax (519) 850-2394**

FOR OFFICE USE ONLY

Sent Online

Initials

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