



EDUCATION BUILT FOR LIFE

Request for Temporary Release of Financial Transcript Hold

Agreement to Terms

1. I am a current or former student requesting release of my financial transcript hold to receive an official transcript.
2. I understand that this request is only available to U.S. citizens, and I am a U.S. citizen (International students are not eligible for this request)
3. I understand that this release applies to requests for official transcripts only.
4. I understand that this request applies to release of financial transcript hold only. I may have other types of hold and this request does not release other university holds.
5. I understand communication will be sent via email regarding this request after the form is submitted.

I understand and agree to these terms (Required).

Student Information (Required)

Name: _____ Student ID: _____
Date of Birth (MM/DD/YYYY): _____ Former Name: _____
Email: _____
Phone Number: _____
Address: _____
Employer: _____

Reason for Request (Required, select one)

- Job Application
- Transferring to another postsecondary institution (i.e. attending another college or university)
- Applying for state, federal, or institutional aid
- Pursuing opportunities with the military or National Guard
- Pursuing other postsecondary opportunities (i.e. graduate or professional programs)
- Other, please specify (required): _____

Acknowledgement of Debt

I acknowledge that I have a past due outstanding balance at Upper Iowa University. I understand that if I fail to pay the total amount due for all charges:

- Registration for future terms will not be allowed
- My past due account may be referred to the university's collections area and/or a private agency for collection
- The delinquency may be reported to national credit bureaus

If my account is referred to a private collection agency, I agree to reimburse the university for collection agency costs, expenses and fees incurred by the university in such collection efforts.

I acknowledge that I owe Upper Iowa University for an outstanding debt. (Required)

Opportunity for a Payment Plan

I would like to be contacted to set up a payment plan to repay my debt. I hereby give permission to be contacted regarding this request.

Student Authorization

- I certify that I am the above-named individual and I understand that this form cannot be used to request a temporary hold release for someone else. (Required)
- I certify that the above information is true and correct. I understand that any inaccurate or false information may result in delayed processing or forfeiture of my eligibility to use this form. (Required)
- I understand that if this form is not completed in full, my transcript request will be null and void after 30 days. (Required)

Contact Student Accounts at 800-553-4150 or at businessoffice@uiu.edu for more information.