

HAMPTON UNIVERSITY
Request for Temporary Release of Financial Transcript Hold

Part 1 - Agreement to Terms

Before completing this form, please read the following five statements and check the box agreeing to these terms. Then complete and submit the rest of this form to request a temporary release of your financial hold to receive an official transcript.

1. I am a current or former student requesting temporary release of my financial transcript hold to receive official transcripts.
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 holds only. I may have other types of holds and I understand that this request does not release other holds.
5. I understand that a response will be sent to the preferred email address I enter in Part 3 of this form.

I understand and agree to these terms (required).

Part 2 - Student Identification and Verification

To verify your identity, please provide three pieces of information, two of which must be HUID, date of birth, or the last 4 digits of your Social Security number (SSN). ****ALL FIELDS ARE REQUIRED****

Student ID (123456789)

Cell Phone:

First Name

Last Name

Current Home Address

Date of Birth (MM/DD/YYYY)

Last 4 digits of SSN

Part 3 – Notification Preference

Preferred email address for notifications regarding this hold request (required):

To permanently update your contact information, please visit the Hampton University [Student Forms website](#).

Part 4 – Reason for Request – ONLY (1) one reason for your request:

- Job application -- NAME OF COMPANY
- Transferring to another another college or university
- Applying for state, federal, or institutional financial aid
- Pursuing opportunities in the military or National Guard or other postsecondary opportunities (i.e., graduate or professional programs)
- Other, please specify (required):

Part 5 – Acknowledgement of Debt

I acknowledge that I have a past due outstanding balance at Hampton University. I understand that if I fail to pay the total amount due for all charges: -- **Registration for future terms may not be allowed.** I also understand that unless my balance is paid within 30 days, **my past due account may be referred to Hampton University's Collections Office and/or to a private agency for collection** and the past due delinquency may be reported to national credit bureaus. If my account is referred to a private collection agency, I agree to reimburse Hampton University for any collection agency costs, expenses and fees incurred by Hampton University in such collection efforts in accordance with Hampton University policy. I understand that such collection costs, expenses and fees may include fees charged to the university by the collection agency, including percentage-based fees of up to 50 percent (50%) of the debt collected. Any collection costs stated above are charged in addition to the principal, fees and interest due on my student account. I am responsible for paying reasonable attorneys' fees and court costs associated with collecting or enforcing my past due account. Please visit [Hampton University Collection Office](#) for more information.

I acknowledge that I owe Hampton University an outstanding debt.

Part 6 – 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 at the Preferred Email Address provided on this form.

Part 7 – 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.

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.

I certify that I understand that I will receive only one (1) official transcript processed and no further transcripts will be released if I have an outstanding balance due to Hampton University.

SIGNATURE: _____

DATE:

FULL NAME

PLEASE COMPLETE THE FILL IN PORTION OF THIS REQUEST AND THEN PHYSICAL SIGNATURE AND DATE ARE REQUIRED. YOU WILL THEN NEED TO SCAN AND EMAIL THE COMPLETED FORM TO CollectionOffice@HAMPTONU.EDU.

ANY PORTION OF THE REQUESTED INFORMATION AND ACKNOWLEDGEMENT WILL DELAY THE PROCESSING OF YOUR OFFICIAL TRANSCRIPT REQUEST. Questions can be directed to CollectionOffice@hamptonu.edu or telephone at (757) 727-5610.