

Please return form to the Office of the Registrar at registrars@ben.edu.

Pursuant to the Benedictine University Transcript and Diploma Policy* for students with a Financial Hold, Benedictine University requires this form to be completed and submitted to the Office of the Registrar prior to the request to release a transcript or diploma. Any questions related to a student's hold or financial standing should be directed to the Office of Financial Aid at financialaid@ben.edu. *This policy is in reference to the Illinois Student Debt Assistance Act (Public Act 103-0054) and Federal Regulation 34 CFR 668.14(b)(34).

PART I General Information

Last Name	First Name	Middle Initial	Prior Name (if applicable)
Student ID	Date of Birth	Dates of Attendance	Date of Graduation (if applicable)

Street Address	City	State	Zip Code
Personal Email Address	Phone Number		
BenU Email Address			

PART II Reason for Request of Official Transcript or Diploma Release

With a Financial Hold, the Office of the Registrar will allow for the release of an official transcript or diploma under certain conditions. Requests may need to be accompanied by supporting documentation from the organization or government entity requesting the official transcript or diploma.

For this document release request to be considered, one or more of the following reasons must be indicated:

- ☐ Job application or any other employment need
- ☐ Transfer from one institution of higher education to another
- ☐ Pursue other postsecondary opportunities
- ☐ Join the U.S. Armed Forces or State National Guard
- ☐ Apply for state, federal, or institutional financial aid
- ☐ Need for the diploma based upon the listed exemptions

PART III Specific Release Request Information

The release of an official transcript or diploma does not remove or eliminate the student's Financial Hold or any financial obligations to the University.

Document Request(s) (select all that apply)	☐ Transcript Release	☐ Diploma Release
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Contact Information for Release of Documents

Provide the contact information for the person or organization that should receive the official transcript or diploma. Do not enter your own contact information.

Recipient Name	Recipient Title	Organization Name	Recipient Email Address
Recipient Phone Number	Recipient Mailing Address		

PART IV Student Authorization

By signing below, I acknowledge and agree to the following terms:

I acknowledge that I have an outstanding financial obligation owed to Benedictine University. I understand that this obligation remains due and payable regardless of any temporary release of my official transcript or diploma under the provisions of the Illinois Student Debt Assistance Act (Public Act 103-0054). I agree to satisfy the outstanding balance in full or maintain an approved payment arrangement with the University. I certify that the information provided in this appeal is accurate and complete.

Student Signature	Name (Printed)	Date

PART V Approval & Processing *For office use only.*

Authorization of Document Release Request(s)		
Registrar's Office Signature	Registrar's Office (Printed)	Date