



Office of the University Registrar
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757-683-4425
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STUDENT INFORMATION REQUEST FORM

This form is required to obtain copies of transfer evaluations, have ODU transcripts sent to ODU academic advisors, or have a copy of a transcript from another institution sent to an ODU academic advisor.

The student's signature is required at the bottom of this form.

Student's Name: _____
Last *First* *Middle/Maiden*

University ID Number: _____

Permanent Address: _____

Daytime Phone: _____

All dates of attendance at ODU: _____

Last semester enrolled: _____ Currently enrolled? W Yes W No

Type of Information Requested:

W Copy of transfer evaluation (please allow three working days)

W pickup

W mail to:

W the address above

W the advisor specified below

W Copy of ODU transcript (must be sent to academic advisor ONLY)

W Copy of transcript from another institution (must be sent to academic advisor ONLY)

Send to:

Advisor's Name

Department Address

Student's Signature/Date (required): _____