



Office of the University Registrar
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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? Yes No

Type of Information Requested: _____

Copy of transfer evaluation (please allow three working days)

pickup

mail to:

the address above

the advisor specified below

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

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): _____