



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? 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):** \_\_\_\_\_