Office of the University Registrar
1009 Alfred B. Rollins, Jr. Hall
Norfolk, VA 23529
757-683-4425
FAX: 757-683-5357
E-mail: verifications@odu.edu

VERIFICATION REQUEST

Note: ODU verifies your enrollment information monthly to the National Student Clearinghouse. Your SSN must be on file for this to occur.

I authorize Old Dominion University to provide the following verification (please print clearly):

Full Name: _____ Date: _____

University/Student ID Number or SSN: _____ Expected Graduation Date:_____

Daytime Phone: _____ Email Address: _____

Student's Signature (E-Signature not permitted): _____

Verification Information

Please check all applicable options:

☐ Please complete the attached form for the _____ semester (attach form to this request).

☐ Please provide _____ copies of a verification letter that includes the following information (check all that apply):

- ____ Present semester enrollment (must be registered)
- ____ Pre-registration for _____ semester (must be registered)
- ____ Full-time/Part-time status
- ____ Expected Date of Graduation
- ____ Other _____

_____

Delivery Instructions

Please bring your Photo ID to pick up any verification.

☐ I will pick up this verification. Please (circle one) call/email me when verification is ready.

☐ I authorize (print full name) _____ to pick up my verification for me. Please (circle one) call/email me when verification is ready. Third party must bring his/her photo ID to pick up your verification.

☐ Please fax verification to: _____

☐ Please email verification to: _____

☐ Please mail _____ copies to the address below:

_____
Name

_____
Street Address

_____
City *State/Country* *Zip/Postal Code*

☐ ***Deadline (if applicable)***:_____ ***Please allow at least 2 business days for processing.**

Office Use Only Date Received:_____ Received By:_____ Date Processed:_____ Processed By:_____