You can type your information into this form using Adobe Reader, and print it. Information typed on this form will NOT be saved if you save the form to your computer.

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

OFFICIAL TRANSCRIPT REQUEST

Please check your record online at www.leoonline.odu.edu. Holds for financial obligations to the University will prevent transcript release.

$5.00 per copy

When requesting a transcript in person, please pay your fee at the Cashier's Office before submitting this form to the Registrar's counter.
Faxed or mailed requests must include payment or credit card information.
Checks/money orders payable to ***Old Dominion University. DO NOT SEND CASH.***

Name: _____ Date: _____
Last First Middle/Maiden

Other Names Used: _____

University/Student ID Number: _____ Date of Birth: _____

Address: _____ Daytime Phone: _____

_____

E-mail Address: _____ *(in case we need to contact you)*

Dates of ODU Attendance: _____

I am currently attending: ☐ Yes ☐ No Year last attended _____ ☐ Fall ☐ Spring ☐ Summer

Did you attend as a(n) ☐ Undergraduate ☐ Graduate ☐ Both ☐ PsyD

Degree Earned at ODU: _____ Date Awarded: _____

All transcripts mailed directly to student will be stamped "Issued to Student" and mailed in an envelope signed across the flap with the Registrar's signature.

TOTAL COPIES ORDERED

Service Desired: _____

☐ Hold for pickup Pickup Date: _____

☐ Send now. *(Walk-in customers please pay your fee at the Cashier's Office first.)*

☐ Hold for most recent semester grades *(processing can take up to two weeks after end of semester). If holding for summer grades, indicate session(s) attended:* _____

☐ Hold for degree posting *(processing can take up to one month after graduation date). Indicate expected date of graduation:* _____

☐ I have a special deadline: _____

☐ Overnight shipping ***(provide your Federal Express/UPS account number www.fedex.com or www.ups.com)***:

☐ ***FedEx*** ☐ ***UPS*** FedEx/UPS account #: _____

Please mail ____ copies to the address below.
(Please use one form per address and provide complete mailing information for each address, including Zip Code.)

_____
Name

_____
Street Address

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

Signature *(required)*: _____

Credit Card Type ☐ VISA ☐ MC Number _____ Expiration Date: _____

Office Use Only Rec: _____ Paid: _____ Receipt#: _____ By: _____ Date Proc: _____ By: _____
Holds? _____ E-mailed? _____ By: _____