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

VERIFICATION REQUEST

Name: _____
(PRINT CLEARLY) *last* *first* *middle*

☐ Undergraduate
☐ Graduate

University ID Number (or SSN): _____

Daytime Telephone: _____ Expected Date of Graduation: _____

I authorize Old Dominion University to provide the following verification:

_____ _____
student's signature *date*

*The National Student Loan Clearinghouse provides verification services for various state and federal student loan programs. The agencies listed below require that verifications be processed through the NSLC.**

Complete attached form for the _____ semester:

_____ Federal Perkins Loan* (Eduserve)
_____ SALLIMAE
_____ Student Loan Servicing Center
_____ UNIPAC
_____ William D. Ford

Other: _____

**Processing time will vary.*

The following are examples of the types of verification forms that will be processed in the office of the University Registrar. Other letters requiring verification of attendance that are processed are:

- Insurance "Good Student Discounts"
- Credit card verification forms, etc.

The following information is needed in a verification letter:
(Please check the information to be completed in the letter.)

_____ Present semester enrollment.
_____ Pre-registration for _____ semester.
_____ Full-time/part-time status.
_____ Expected date of graduation:
_____ Academic major.

Other: _____

Deadline: _____

If there is a pending deadline, please inform the customer service representative as you turn in this form.

***DELIVERY INSTRUCTIONS*: __ I will pick up this verification. _____ Please mail verification to:**

(name) _____

(address) _____

(city, state, zip) _____

FOR OFFICE USE ONLY:

Date received: _____ Received by: _____ Processed by: _____ _____
initials *clearinghouse* *office*