Continuing Education Operations Office
Office of the University Registrar
Old Dominion University
116 Alfred B. Rollins, Jr. Hall · Norfolk, VA 23529-0053
Phone:(757) 683-4247 · Fax: (757) 683-5443

NON-CREDIT TRANSCRIPT REQUEST

Non-Credit Transcript *is a separate document from the Official Transcript of academic credit courses you have completed here at Old Dominion University. Holds for financial obligations to the University will prevent any transcript from being release.*

Name: _____ Date: _____
Last First Middle/Maiden

Other Names Used: _____

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

Address: _____
Street City State Zip

Daytime Phone: _____ E-mail Address: _____

Previously and/or currently attending as a(n): ☐ Undergraduate ☐ Graduate ☐ Non-credit

Dates of ODU Attendance: _____

Service Desired:

Transcript type: ☐ Official ***(Comes in an envelope signed across the flap with the Registrar's signature.)*** ☐ Unofficial

Number of copies requested: _____

☐ Hold for pickup Pickup Date: _____

☐ Send now 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* *Zip/Postal Code*

Signature *(required)*: _____