



Office of the University Registrar
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SACM VERIFICATION REQUEST FORM

Use this form to request a verification letter for the Saudi Arabian Cultural Mission to the U.S.
 If a document needs to be completed, please indicate below and attach to this request form.
 Please allow three to five business days for completion.

Student Information

Student's Name: _____
Last First Middle

University ID Number (UIN): _____

Information to Verify

Please check the boxes to have information included in the verification letter

- | | |
|--|---|
| <input type="checkbox"/> Name | <input type="checkbox"/> Total Credits Required |
| <input type="checkbox"/> University ID Number | <input type="checkbox"/> Total Credits Completed |
| <input type="checkbox"/> Level (UG, GR) | <input type="checkbox"/> Total Credits Remaining |
| <input type="checkbox"/> Class (FR, SO, JR, SR, GR) | <input type="checkbox"/> Total Online Classes Taken |
| <input type="checkbox"/> Degree | <input type="checkbox"/> Total Online Credits Taken |
| <input type="checkbox"/> Department | <input type="checkbox"/> Attached Document |
| <input type="checkbox"/> Major | <input type="checkbox"/> Other ⁺ |
| <input type="checkbox"/> Concentration | _____ |
| <input type="checkbox"/> Minor | _____ |
| <input type="checkbox"/> Expected Graduation Date __/__/____ | _____ |
| <input type="checkbox"/> Degree Completion Plan* | _____ |

**Must be completed in Degree Works Plans tab*

⁺ To be fulfilled at registrar's discretion

By signing below, I authorize the Office of the University Registrar to release the information indicated on this form to the Saudi Arabian Cultural Mission to the U.S.

Student Signature (required): _____ Date: __/__/____

Office use only

Date Received: __/__/____ Date Processed: __/__/____ By: _____