

Enrollment Verification Request



East Georgia College
Office of the Registrar
131 College Circle
Swainsboro, GA 30401
(478) 289-2014
Fax (478) 289-2140

D.O.B _____/_____/_____

Student ID #: _____

Last _____ First _____ Middle _____ Maiden _____

Student's Current Address _____ City _____ State _____ Zip _____

Current Telephone (required) _____

Last Term Attended: _____/Currently Attending

Please check one: FAX (____)____-____ Mail Pick-up: Circle One: Swainsboro/Statesboro

It is the **FULL** responsibility of the student to provide the full address or FAX number to the Registrar's Office to process transcript.

Attention:
Street Address:
City: _____ State: _____ Zip Code: _____

REQUEST WILL NOT BE PROCESSED UNTIL ALL OUTSTANDING HOLDS ARE SATISFIED.
Request must be made at least 1-2 working days before record is needed.

Former name (if different from above) _____ Signature _____ Date _____

Special Instructions _____