

Request for Compass Scores



East Georgia College
Office of Admissions
131 College Circle
Swainsboro, GA 30401
(478) 289-2017
(478) 289-2140 FAX

D.O.B _____/_____/_____

Student ID #: _____

No. of Copies

(additional requests are needed for more than one address)

Last _____ First _____ Middle _____ Maiden _____

Mailing Address _____ City _____ State _____ Zip _____

Telephone # (required) _____

Check all that apply: Pick-Up FAX Mail Send to Statesboro Office

It is the **FULL** responsibility of the student to provide the full address or FAX number of where scores need to be sent.

Institution (if applicable):		
Attention:		
Street Address:		
City:	State:	Zip Code:
FAX #:		

Signature _____ Date _____ Processed By _____ Date _____