



Document Release Request Form

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing Student records WITHOUT written consent from the student.

This form is used to request a copy of documentation previously submitted to East Georgia State College. If you elect to use this form, simply print out the form, fill it out, and return using the information below.

Fax: 478-289-2353
Email: documents@ega.edu
Mail: Enrollment Management
East Georgia State College
131 College Circle
Swainsboro, GA 30401

Date of Request _____

Student Name _____
(Please Print) (Last) (First) (Previous Name)

Social Security #: _____ - _____ - _____ or Student ID # _____ - _____ - _____

Student's Address: _____
(Street Address) (City) (State) (Zip)

Home Phone # _____ Cell # _____

I authorize East Georgia State College to release my information to the following:

(Student is responsible for providing complete and accurate information)

Name of Institution _____

Attention _____

Address _____

City/State/Zip _____

Fax # (_____) - _____ - _____ E-mail (if applicable) _____

Please indicate Document Needed:

- High School Transcript
- Immunization Records
- SAT/ACT Scores
- Accuplacer/COMPASS Scores
- College Transcript _____
Prior Institution(s) excluding EGSC

Instructions: Mail Fax E-mail Pick up (Swainsboro campus only)

Student Signature: _____
(Required for all requests) (Date)

Please allow up to 72 hours for request to be processed.

.....(For Office Use Only).....

Date Recv'd _____ Date Sent _____ Official's Signature _____