Enrollment Verification Request

East Georgia State 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