



Office of the Registrar  
 Enrollment Management  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2014 Fax: (478)289-2353

# Enrollment Verification Request

- It is the student's responsibility to provide the full address or fax number to the registrar's office to process your request.
- Enrollment verifications are usually sent two weeks after the start of the Semester (after Institutional drops have been completed).
- Request will not be processed until all outstanding holds are satisfied.
- Please allow 3 business days for processing.

Please complete the form and submit using one of the following methods:

<b>Mail:</b> East Georgia State College 131 College Circle Swainsboro, GA 30401	<b>Email:</b> <a href="mailto:records@ega.edu">records@ega.edu</a> OR <a href="mailto:documents@ega.edu">documents@ega.edu</a>	<b>Fax:</b> (478)-289- 2353
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Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_  
 (Please print)

Mailing Address: \_\_\_\_\_  
 (street) (City) (State) (Zip Code)

Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

Last Term attended: \_\_\_\_\_  Check here if you are currently attending

<p><b>Instructions:</b> <input type="checkbox"/> Pick up (Swainsboro campus Only) <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Email to:</p> <p>Name/Attention: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Fax # (_____) - _____ - _____ Email (if applicable):          _____ @ _____</p>
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**Please indicate verification request needed:**

- Enrollment Verification ( Current Semester)  Letter of Non-attendance  Letter of Pre-registration (Prior to Semester start)

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_