

Entrance Exam Test Score Request Form



East Georgia State College
 Office of Student Affairs
 131 College Circle
 Swainsboro, GA 30401
 (478) 289-2169
(478) 289-2353 FAX

D.O.B _____ / _____ / _____

Student ID/SS#: _____

No. of Copies _____

(additional requests are needed for more than one address)

Full Name (required)

Last _____ *First* _____ *Middle* _____ *(Maiden)* _____

Mailing Address (required)

Address/PO Box _____ *City* _____ *State* _____ *Zip* _____

Telephone # (required)

Area Code _____ *Cell or Home Phone Number* _____

Check all that apply: Pick-Up (*Swainsboro Campus Only*) FAX Mail

Please allow up to 24-48 hours for processing

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

Institution (<i>if applicable</i>):		
Attention:		
Address:		
City:	State:	Zip Code:
FAX #:		

Signature _____

Date _____

Processed By: _____

Date: _____