



East Georgia College
Office of Admissions/Registrars
131 College Circle
Swainsboro, GA 30401
Phone: (478) 289-2017
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**Request for Copy of CBI
Report**

Picture ID Required

Student ID#: _____ **Current Student:** _____ Yes _____ No

Student Name: _____ **Date:** _____

Student Signature: _____

Issuing Staff Member: _____

*** Please allow 2 – 3 business days for processing.**