

Enrollment Verification Request



East Georgia State College
Student Affairs - Records
131 College Circle
Swainsboro, GA 30401
(478) 289-2169
Fax (478) 289-2353

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 Email Pick-up (Swainsboro Campus ONLY)

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:		
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 _____ Signature _____ Date _____
(if different from above)

Special Instructions _____