Enrollment Verification Request

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 (if different from above)
Signature Date

Special Instructions