



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

# Immunization Records Request Form

Date of Birth \*

Student ID number/ or SSN : \*

\*  \*

Last Name First Name Middle / Maiden Name

\*

Mailing Address \*  \*  \*

City State Zip Code

\*

Current Telephone Number

**Delivery Options:**

**METHOD OF DELIVERY:**

- Mail To:
- Fax To:
- Email To:
- Pickup on Swainsboro Campus.

**Recipient:**

Attn To: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\*\*\*It is the full responsibility of the student to provide the full mailing address, fax number, or email address to the Registrar's Office to process this request.

\*\*This request must be made at least 2-3 working days before the record is needed.

\*All outstanding HOLDS on your account must be satisfied before this request will be processed.

**Special Instructions:**

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Registrar's Office Use)

\*  \*  \*

KEY\_BANDID: KEY\_TermCode: Processed By: