

Request for Immunization Records



East Georgia College
Office of the Registrar
131 College Circle
Swainsboro, GA 30401
(478) 289-2014
Fax (478) 289-2140

D.O.B _____/_____/_____

Student ID #: _____

Last First Middle Maiden

Student's Current Address City State Zip

Current Telephone (required)

Please check one: FAX (____)____-____ Mail Pick-up: *Circle One:* Swainsboro/Statesboro

It is the **FULL** responsibility of the student to provide the full address or FAX number to the Registrar's Office to process transcript.

Institution (if applicable):
Attention:
Street 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