

Request for Transcripts



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 #: _____

****If this is your first semester with our institution, transcript will not be available until the end of the term.**

No. of Copies

(additional requests are needed for more than one address)

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: |

**TRANSCRIPTS WILL NOT BE PROCESSED UNTIL ALL OUTSTANDING HOLDS ARE SATISFIED.
Request must be made at least 1-2 working days before transcript is needed. No Fee Required.**

Former name (if different from above) _____ Signature _____ Date _____

Special Instructions

Send now At the end of the _____ term.