



Office of the Registrar  
 Enrollment Management  
 131 College Circle  
 Swainsboro, GA 30401  
 Tel: (478)289-2014 Fax: (478)289-2353

The Family Educational Rights and Privacy Act of 1974 prohibits educational institutions from releasing student records without written consent from the student.

This form is used to request a copy of documentation previously submitted to East Georgia State College. Please complete the form and submit using one of the following methods:

<b>Mail:</b> East Georgia State College 131 College Circle Swainsboro, GA 30401	<b>Email:</b> <a href="mailto:records@ega.edu">records@ega.edu</a> OR <a href="mailto:documents@ega.edu">documents@ega.edu</a>	<b>Fax:</b> (478)-289- 2353
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Student ID # \_\_\_\_\_

Student Name: \_\_\_\_\_  
 (Please print)

Mailing Address: \_\_\_\_\_  
 (street) (City) (State) (Zip Code)

Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

**I authorize EGSC to release my information to the following: (Student is responsible for providing complete and accurate information):**

Check here if this information is to be sent to the above address.

Name of Institution \_\_\_\_\_

Attention: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Fax # (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ Email (if applicable): \_\_\_\_\_@\_\_\_\_\_

**Please indicate Document Needed:**

High School Transcript  Immunization Records  Entrance Scores (SAT, ACT, Accuplacer or Compass)  College Transcript (Prior Institution)

**Instructions:**  Mail  Fax  Email  Pick up (Swainsboro campus Only)

Student Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_