



# Document Request Form

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 your transcript or records to be sent to East Georgia State College. Simply print this form, fill it out, and return to your high school using the information below.

**Fax:** 478-289-2353  
**Email:** documents@ega.edu  
**Mail:** Enrollment Management  
East Georgia State College  
131 College Circle  
Swainsboro, GA 30401

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_  
(Please Print) (Last) (First) (Previous Name)

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ or Student ID # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Student's Address: \_\_\_\_\_  
(Street Address) (City) (State) (Zip)

Home Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

**I authorize East Georgia State College to request my information from the following:**

(Student is responsible for providing complete and accurate information)

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

Attention \_\_\_\_\_

Address \_\_\_\_\_

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

Fax # (\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ E-mail (if applicable) \_\_\_\_\_

Please indicate Document Needed:

- High School Transcript     College Transcript     Immunization Records     SAT/ACT Scores

Instructions:     Mail     Fax     E-mail     Pick up

Student Signature: \_\_\_\_\_  
(Required for all requests) (Date)