



Document Release 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 UNOFFICIAL transcript or records to be sent *from* East Georgia State College to yourself or elsewhere. Simply print this form, fill it out, and return to the college using fax or email indicated below:

Fax: 478-289-2353

Email: documents@ega.edu

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 release my information to 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

Submission Method: Mail Fax E-mail

Student Signature: _____
(Required for all requests) (Date)