



Test Score and Immunization Request Form

I am requesting:

- Immunization Records**
 ACT Scores
 SAT Scores
 ACCUPLACER Scores
 Other Test Scores: _____

Student Name: _____ Date of Birth: _____

Student ID or Social Security Number: _____

Phone: _____ E-mail Address: _____

Mailing Address: _____ City, State, Zip: _____

Name when previously enrolled, if different _____

Please allow 2-3 business day processing time for mailed immunizations and test scores. Test Scores and Immunizations that are to be picked up will be available the following business day. Test scores and immunizations cannot be sent electronically.

Choose one. Please complete additional requests for each copy needed.

Send by Mail

Institution Name: _____

Address: _____

City/State/Zip: _____

Fax to: _____

Pick-up
 Douglas Campus
 Waycross Campus

South Georgia State College reserves the right to withhold copies of educational records of students who fail to meet their financial obligations to the College.

Federal Law requires completion of below before records can be released:

I authorize release of my records to the organization or party listed above.

Signature _____ Date: _____

Drop off, mail, email, or fax completed form to address, email, or fax number at the top of this form.