

Student Signature____

Transcript Request Form

Office of Admissions & Registration

Date: __

Please complete this form and return it to the Office of Admissions & Registration. This form can be emailed to: Admissions@epcc.edu or mailed to: El Paso Community College **Admissions & Registration** P.O. Box 20500

El Paso, TX 79998-0500

Please he sure to include a scan or photo of your state-issued photo ID along with this form. Official transcripts cannot be

Legal Last Name:	Legal First Name:		M.I:
Last Name Enrolled Under (if not the same as above):	EPCC ID or S	Social Security Numbe	r: Date of Birth:
Address:	Contact Num	ıber:	
City:	State:	Zip Code:	<u> </u>
Email Address:			
hen did you last attend EPCC?/	How many transcr	inte do vou went e	ont?
·	/grades		
Hold for pickup at the	campus	1	0 1
Mail Overnight (There is a \$15.00 fee for overnigh business day after transcript reques	st has been processed. Ple	ease call (915) 831-2569	to make payment arrangeme
DRESS WHERE TRANSCRIPT IS TO BE SENT (C	Overnight Transcript	ts cannot be sent to	o P.O. Boxes.)
DRESS WHERE TRANSCRIPT IS TO BE SENT (Constitution/Business Name:	Overnight Transcript	ts cannot be sent to	o P.O. Boxes.)
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Institution/Business Name:	Overnight Transcript	ts cannot be sent to	o P.O. Boxes.)
Institution/Business Name: Attention:	Overnight Transcrip	Zip Code:	o P.O. Boxes.)
Institution/Business Name: Attention: Address:	State:	Zip Code:	
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Institution/Business Name: Attention: Address: City: Please attach a photo or scan of your official state or federal pho	State:	Zip Code:	