

EL PASO COMMUNITY COLLEGE TRANSCRIPT REQUEST FORM

Admissions & Registration Office (Fax 915-831-3125)

P. O. Box 20500
El Paso, TX 79998

Student SSN/ ID No. : _____ Name: _____

Birth Date: _____ Last Name Enrolled Under: _____

When did you last attend EPCC: _____

Current Address:

Student's Name

Street Address

City State Zip Code

Contact Phone Number: (_____)

Area Code Telephone Number

Number of Transcript(s) Requested:

MAIL TO:

(Please provide recipient's name, name of business or college).

Street Address

City State Zip Code

Student Signature: _____ Date: _____