

	To:	Γο: Registrar	
	From:		
	_		
	Date:	-	
	Subject:	Request for Official Transc	cripts
Please send	an Official Tran	nscript of my academic course	e work to: Credentialing@epcc.edu
El Paso Community College			El Paso Community College
			Human Resources
ATTN: Faculty Credentials Supervisor P.O. Box 20500			ATTN: Faculty Credentials Supervisor 9050 Viscount Blvd.
El Paso, TX 79998			El Paso, TX 79925
Please return		If mailing via "express" ma the transcript. Thank you for	or your prompt attention.
Signature			Name Used During Attendance
Printed Nan	ne		Graduation Date/Date Attended
SS Number/Student Number			Present Street Address
Date of Birtl	h		City, State, Zip Code
			is transmitted directly from the issuing school to the to students are not considered official.
Forwarded b		Originating Division/Departr	ment
		British Popular	