**El Paso Community College**
**Diploma or Certificate Replacement Request**

***Your request will not be processed without a clear copy of a valid government issued ID. We will use this copy to verify your signature.***

Student ID: _____ Birthdate: _____/_____/_____
MO DAY YEAR

Name: _____ _____ _____
LAST FIRST MIDDLE

Other Names that may appear on records: _____

Mailing Address: _____ _____ _____ _____
STREET CITY STATE ZIP CODE

Phone Number: (_____) _____

Degree type: AA □ AS □ AAS □ AAT □ CERT □

Major: _____ Graduation Date: _____

Major: _____ Graduation Date: _____

Student Signature: _____ Date: _____

**The name as it appears on the official college record will be used for your diploma and/or certificate**

Mail to: El Paso Community College
Admissions and Registration
PO Box 20500
El Paso, TX 79998-0500

Email: commencement@epcc.edu

Copy of valid government issued ID

**For Office Use Only:**

Degree/Cert Awarded (SHADEGR): □ Cleared from Holds: □

Academic Award: Honors □ PTK □ Date mailed: _____ Pick up date: _____

Processed by: _____