



**El Paso
Community
College**

Transcript Request Form

Office of Admissions & Registration

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

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: _____