

Legal Last

## **Transcript Request Form**

## Office of Admissions & Registration

M.I:

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 be sure to include a scan or photo of your state-issued photo ID along with this form. Official transcripts cannot be emailed or faxed, and overnight transcripts cannot be sent to P.O. Boxes.

	Name:	Name:				
	Last Name Enrolled Under (if not the same as above):	EPCC ID or Social	Security Number:	Date of Birth:		
	Address:	Contact Number:	ì			
•	Cita	Caraci	Zip Code:			
	City:	State:	Zip Code:			
	Email Address:					
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W	hen did you last attend EPCC?/ How	many transcripts of	lo you want sent	:?		
Pl	ease: Mail Immediately Mail after	/ grades have	posted			
	Mail after degree posted Hold for pickup at	the	can	npus		
	Optional - Mail Overnight (There is a \$15.00 fee for overnigh business than 24 hours on the next business day after transcri payment arrangements, and please include the payment recei payment receipt will be sent via regular mail. There is no char	t transcripts. Overnigh pt request has been pro pt with this form. Over ge for transcripts sent	t transcripts will be socessed. Please call (9 night transcript requivia regular mail.)	sent no later than o 115) 831-2569 to nuests received with	on the third nake nout the	
•	If you have requested that we mail your transcripts after the grades for a semester, regardless of the date that the class actually ends.  Transcripts being picked-up at the Valle Verde Campus will be ready the after 2PM on the third business day.  If anyone other than the student is going to pick-up a transcript, the student is going to pick-up a transcript.	semester have been poor e next business day afte dent must provide writt	sted, these grades wi r 2PM. Transcripts l	ll post on the Wed being picked-up at them to do so by	Inesday after the tother campuse submitting a sig	es will be ready
AD.	FERPA Release Form directly to EPCC prior to having the transcript pic DRESS WHERE TRANSCRIPT IS TO BE SENT (Overnix				order to receiv	e the transcript.
AD.	Institution/Business Name:	gni Trunscripis cur	inoi de seni io P	.O. Boxes.)		
	Attention:					
	Address:					
-	City:	State:	Zip Code:			
			<b>F</b>			
L	Please attach a photo or scan of your official state or federal photo ID below, or include a PDF of your ID as a separate attachment and include					
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Thi	s document will not be processed without the stude	nt's signature.				
Stu	dent Signature		Date:			
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