El Paso Community College
Web Account Application Form

DEPARTMENTS

Department Name:

Contact Person Name:

Contact Person Outlook Email ONLY:

Office Phone Number: Campus: Room Number:

Purpose of the Website:

Date:

_____
Requestor's Signature

Supervisor's Name:

Office Phone Number: Campus: Room Number:

Date:

_____
Supervisor's Signature

If you have any questions, please contact:

Web Development
Information Technology

Phone: (915) 831-6497
Fax: (915) 831-6426
Email: webmaster@epcc.edu