

## Transcript Request

Attention Records Department:

One of your students has applied for admission to Mid-Atlantic Christian University. This is a request that official transcripts be sent to Mid-Atlantic Christian University - Admissions. Because of the time sensitive nature of college admissions, we ask that you process this request as soon as possible. For high school transcripts, please include the student's current unweighted GPA, class rank, and any SAT or ACT test scores available. If possible, please fax a copy of the transcript today and then mail the official copy.

Please mail an official copy of the transcript using the following address:

Mid-Atlantic Christian University Admissions Office 715 N Poindexter Street Elizabeth City NC 27909 Fax: 252-334-2028

Last Name	First Name	M.I.	
Social Security Number (optional	al) Student ID Number (if known)		
	Dates Attende	d	
Student Address		APT	#
City	State	Zip	
Student Signature		Date	
	School Contact Info	rmation	
School Name			

School Address		
City	State	Zip

Main Phone

Contact Name