



Eastern Christian College
Bel Air, Maryland
Transcript Request
 Archived at Mid-Atlantic Christian University

Name _____
 Last First Middle Maiden

Address _____
 Street City State Zip

Date of attendance _____ Last Name while attending: _____ Daytime Phone Number _____

I authorize release of my academic transcript: _____
Signature (due at time of pick-up if applicable) Date

Purpose of Transcript:

- Transient Study
- Graduate Study
- Student Copy
- Employer Copy

Mail Transcript to: *(Print complete address)*

Special Requests:

- Immediately
- Hold for current term grades
- Hold for statement of degree
- Prepare official, sealed hand carry

Number of Copies requested: _____

Mail Transcript to: *(Print complete address)*

Processing Time

Allow four working days during the semester and ten working days at the beginning and end of each the semester for transcript service.

Number of Copies requested: _____

Mail payment and request to: Mid-Atlantic Christian University
 Yolanda K. Teske, Registrar
 715 N. Poindexter St.
 Elizabeth City, NC 27909

Payment (due at time of request): \$10.00 per transcript

Payment type: Cash Check VISA Mastercard Discover

Card # _____ Exp. Date: _____
 3-Digit Security Code *(Last three numbers on the back of the card):* _____

Address the credit card company has for your account:

 Street City State Zip

QUESTIONS:

Contact: Registrar 252.334-2029 (office); 252.562.6292 (fax) registrar@macuniversity.edu

Office Use: Amount Paid: _____ Date Mailed ___/___/____ By: _____
 Revised: Oct 2023