



Office Use: Amount Paid: \_\_\_\_\_ Date Mailed/ By: \_\_\_\_\_ /

**Eastern Christian College - Bel Air, Maryland**  
**Transcript Request**  
**Archived at Mid-Atlantic Christian University**  
(previously known as *Roanoke Bible College*)

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:**

- Transfer to another college
- 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 three working days during the semester and seven 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):** Transcript Request Fee: \$7.00; Per Recipient Fee: \$2.00  
Same Day (Rush) Fee: \$20.00

**Online Payment also available – see transcript request page**

Payment type:  Cash  Check  VISA  Mastercard  Discover

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

3-Digit Security Code (Last three numbers on the back of the card): \_\_\_\_\_

Mailing Address the credit card company has for your account:

\_\_\_\_\_  
Street City State Zip

**QUESTIONS:**

Contact: Yolanda Teske, Registrar 252.334-2029 (office); 252.334-2071 (fax) yolanda.teske@macuniversity.edu