



Mid-Atlantic Christian University *Elizabeth City, NC*
Transcript Request – Academic Record

Name _____

Last
First
Middle/ Maiden

Address _____

Street
City
State
Zip

Date of Birth _____ Dates of attendance _____ Daytime Phone Number _____

** I authorize release of my academic transcript: _____

Signature
Date

Indicate all that apply:

- Unofficial copy
- Official copy
- Hold for current term grades
- Hold for statement of degree
- Process by schedule

Processing Schedule:

- Three working days during the semester
- Seven working days at the beginning and end of each semester
- Same day processing: additional rush fee
- Overnight: Priority Postage cost

Mail Transcript to: *(Print complete address)*

Mail Transcript to: *(Print complete address)*

Number of Copies requested for this address: _____

Number of Copies requested for this address: _____

Mail (or scan or fax) request and payment to:

Registrar
 Mid-Atlantic Christian University
 715 N. Poindexter St.
 Elizabeth City, NC 27909

*** Payment (due at time of request): Transcript request fee- \$8.00 each**
 (Same day processing: + \$20.00; Overnight Priority Postage: \$25.50)

Online payments are also accepted via the website - 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):* _____

Your name exactly as on the card *(please print):*

Mailing Address the credit card company has for your account:

Street
City
State
Zip

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

* Current students receive one official copy at no charge per academic year.
 ** Transcripts are not released on accounts with outstanding financial obligation.