



**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):** \$8.00 for the first transcript  
**Online payments are also accepted via the website**

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); 252.334-2071 (fax) registrar@macuniversity.edu

*Office Use:* Amount Paid: \_\_\_\_\_ Date Mailed \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_  
 Revised: Sept. 2012