



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 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
Joan U. Sawyer, Registrar
715 N. Poindexter St.
Elizabeth City, NC 27909

Payment (due at time of request): \$5.00 for the first transcript, and \$2.00 for each add'l 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 Joan U. Sawyer, Registrar 252.334-2012 (office); 252.334-2071 (fax) joan.sawyer@macuniversity.edu