Mid-Atlantic Christian University *Elizabeth City, NC*

Transcript Request – Academic Record

Name _____
Last First Middle/ Maiden

Address _____
Street City State Zip

Student ID _____ 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*)

_____

_____

_____

Number of Copies requested for this address: _____

Mail Transcript to*:* (*Print complete 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- $7.00; each additional copy + $2.00;**
(Same day processing: + $20.00; Overnight Priority Postage: $20.00)

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: Registrar 252.334-2012 (office); 252.334-2071 (fax) registrar@macuniversity.edu

***** Current students receive one official copy at no charge per academic year.

****** Transcripts are not released on accounts with outstanding financial obligation.

Revised: September 2011 *Office Use: Total Paid: _____ Date Mailed: _____; Processed by_____*