



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

Payment (due at time of request): Transcript Request Fee: \$5.00; Per Recipient Fee: \$2.00  
Same Day (Rush) Fee: \$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): \_\_\_\_\_

Mailing 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