**Eastern Carolina Christian College**

 **& Seminary**

 **P O Box 1131**

 **1015 Highway 48 South**

 **Roanoke Rapids, North Carolina 27870**

 **P: (252) 535-4442 (or) (919) 631-0770**

**TRANSCRIPT REQUEST**

I would like to request copy/copies of my transcript be sent to the following address:

     Unofficial      (Official)

We only send transcripts directly to students. Students must mail an official transcript to their choice institution.

My student information is as follows (PRINT):

Name

Address

Name under which I studied at ECCC&S (if different) ­­­­­­­­­­­­­­­­­­­­­­

Years of attendance/Graduation Date       /

Program of study (Cert., AT, BT, M.R.E./M Div., D.Min)

Date of Birth       Student ID#)

Fee: $10.00 per transcript (Official (or) Unofficial)

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Number of Transcripts:       Fee Amount:

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**Scan completed form and email to: Student Accounts, Attn: Dean, Lou Mitchell – at saecccs@gmail.com.**