

**Kingdom Empowerment Institute**

Office of the Registrar

5805 Oakland Dr.

Portage, MI 49024

**Phone:** (269) 323-4180 / **Fax:** (269) 323-4183

**The transcript fee (subject to change) is \$5 per copy** and MUST accompany this request. Special handling and mailing options available at additional cost. Indicate special instructions in space provided.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_

**I am (complete one):**

Currently enrolled in **Kingdom Empowerment Institute**

Not enrolled; last enrollment \_\_\_\_\_ Qtr./Yr

**Send Transcript (s):**

\_\_\_\_\_ qtr/yr's grades.

Corrected grade of \_\_\_\_\_ in course name/no. \_\_\_\_\_ / \_\_\_\_\_ in \_\_\_\_\_ qtr/yr.

**Indicate special processing instructions here:**

Send \_\_\_\_\_ (quantity)

Send \_\_\_\_\_ (quantity)

Send \_\_\_\_\_ (quantity)

to:

to:

to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The **student MUST sign**, date and complete the student address segment in order to have this request honored.

**I authorize issuance of my transcript to all parties indicated on this page:**

\_\_\_\_\_  
**Signature**