

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