

KINGDOM ELEVATION BIBLE INSTITUTE & SEMINARY

OFFICE OF ADMISSIONS

17424 W. Grand Parkway #522

Sugar Land, Tx. 77479

EMAIL: kingdomelevationinfo@gmail.com

www.kingdomelevationbibleinstitute.net

REQUEST FOR TRANSCRIPT

To: Guidance Office/Office of Registrar and Records

(Please Print)

Name of School/College

I, _____, request that you send an official copy of my transcript to:

Kingdom Elevation Bible Institute & Seminary

Office of Admissions

17424 W. Grand Parkway #522

Sugar Land, Tx. 77479.

I last attended your school: _____

Month/Semester

Year

_____-_____-_____-

Social Security Number

Signature

Date

_____/_____/_____-

Date of Birth

Maiden Name (if applicable)

If there is a charge, please contact me at the address below:

Note to the Applicant:

Passage by Congress of the Family Educational Rights and Privacy Act of 1974 and subsequent legislation passed by certain states requires that permission be granted for the release of academic records by schools. For that reason, it is necessary for you to request that your transcript(s) be mailed to our office. Transcript(s) marked "Issued to Student" will not be considered as official for admission to programs at Kingdom Elevation Bible Institute & Seminary. Please complete and sign the letter above and submit it to your principal or counselor at your high school and/or the registrar at the college(s) you have attended.

Thank you.