

**Life Training Institute
School of Ministry & Seminary
PO Box 20723
Beaumont, TX 77720-0723**

(409) 813-1184

Accountability Sheet

Name _____

Address _____

City, State, Zip _____

Phone _____

Email _____

**I have completed this work on my own accord and not that of
any other person.**

X _____ **Date** _____

Course Number _____

Title of Book _____