

2018 Scholarship Records Release (Certification, Permission to Release Scholarship Application and Relevant Academic Records)

Student ID Number	Name		
	Last	First	M.I.
Phone #		Email:	
	arship application) is tr	ue and correct. Applicants may	ed Health Sciences Community Benefit be required to provide verification of the
I understand that the informat found to be untrue.	ion provided will be su	ubject to review and my scholars	ship may be rescinded if the information is
		llied Health Sciences (KPSAHS) 8 Community Benefit KPSAHS	to release the selected information to th Scholarship application .
I understand that KPSAHS and the Scholarship Application.	the Scholarship Comn	nittee may request additional ir	nformation to verify information offered o
 □ Academic Records – Inclu Permanente School of Alli calculate a cumulative gra □ Verification - KPSAHS rese 	des grades on file from ed Health Science (as a de point average (CGP erves the right to seek	applicable to the scholarship aw A), and only the CGPA will be sh	ool, other colleges /universities, or Kaiser ard criteria). Grades will be used to nared.
INDIVIDUAL OR CLASS OF PAR	TIES TO RELEASE INFOR	RMATION TO:	
Individual or Class of Parties			
Internal Scholarship C	Committee (3 – 5 KPSAI	HS employees)	
External Scholarship (Committee (3-5 individ	uals external to KPSAHS)	
This authorization is valid thro	ugh the scholarship ap	plication process for 2018 and ϵ	expires on January 15, 2019.
STUDENT SIGNATURE		DATE	