

Permission to Release Scholarship Application and Relevant Academic Records.

Student ID Number _____

Name _____

_____ Last

_____ First

_____ M.I.

Phone # _____

Email: _____

I give permission to Kaiser Permanente School of Allied Health Sciences (KPSAHS) to release the selected information to the recipient listed for the purpose of **evaluating my 2017 Community Benefit KPSAHS Scholarship application.**

I understand that KPSAHS and the Scholarship Committee may request additional information to verify information offered on the Scholarship Application.

AUTHORIZATION TO RELEASE

- Scholarship Application** – includes answers to financial, questions and essay prompts, and any documentation to verify the information provided on the application.
- Academic Records** – Includes grades on file from courses completed in high school, other colleges /universities, and/or Kaiser Permanente School of Allied Health Science (as applicable to the scholarship award criteria). Grades will be used to calculate a cumulative grade point average (CGPA), and only the CGPA will be shared. Also includes evidence of successful completion of competencies.

INDIVIDUAL OR CLASS OF PARTIES TO RELEASE INFORMATION TO:

Individual or Class of Parties

- KPSAHS CB Scholarship Committee

This authorization is valid through the scholarship application process for 2017 and expires on January 15, 2018.

STUDENT SIGNATURE

DATE