

Request for Review of Academic File

KPSAHS students have the right to inspect and review their education records, a process initiated by the submission of this request form to the KPSAHS Student Records Department. Please submit directly to Student Records Department, by mailing form to KPSAHS, Attn: Student Records, 938 Marina Way South, Richmond, CA 94804, faxing form to 855-849-3381, or emailing form to KPSAHS-Student-Records@kp.org. Full policies and procedures addressing review of records can be found in the KPSAHS Academic Catalog, published on KPSAHS.edu.

| Student Name: | Student ID#: |
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| KPSAHS Program & Expected G | rad Date: |
| Preferred Phone: | Preferred Email: |
| Please indicate below either t you'd like to inspect: | ne purpose of your request or the particular aspect of your academic file |
| | |
| Please indicate below the list review of transfer credit): | of documents to review (for example, clinical time sheets, advising notes, |
| | |
| Student Signature: | Date: |
| | |