

Student Change of Contact Information Form

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. All forms received via email must be sent from an email address on file with KPSAHS.

Student Name: _____
Student ID Number: _____
KPSAHS Program: _____
Date of Birth: _____

I hereby authorize Kaiser Permanente School of Allied Health Sciences to update my student record as listed below (check each applicable checkbox):

☐ New Mailing Address:

☐ New Phone Number:

Phone Number Type:

☐ Home

☐ Mobile

☐ Work

☐ New Email:

Email Type:

☐ Personal

☐ Work

By signing below, I certify that I am the student identified above.

Student Signature: _____

Date: _____

STUDENT RECORDS USE ONLY:

Date Request Received

Received By

Date Request Processed

Completed By