



Student Name Change 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.

Name changes require documentation of legal name change and must display your new legal name. Acceptable forms of documentation include: Marriage License/Divorce Decree, State issued picture ID, State issued Driver's License, Non-expired United States Passport, Permanent Resident Card, Alien Registration Card, Military ID, or Social Security Card.

Student Name (Current): _____

First Name Middle Name Last Name

Student ID # (optional): _____

KPSAHS Program: _____

Date of Birth: _____

Street Address:

City, State, Zip: _____

Phone: _____

Email: _____

Please specify which part (s) of your name needs to be changed (check all that apply):

☐ First Name ☐ Middle Name ☐ Last Name

Fill in the blank with the type of documentation provided (e.g. *Marriage License/Divorce Decree, State issued picture ID, State issued Driver's License, Non-expired U.S. Passport, Permanent Resident Card, Alien Registration Card, Military ID, or Social Security Card*):.

I hereby authorize Kaiser Permanente School of Allied Health Sciences to update my student record as listed below:

NEW Student Name: _____
First Name Middle Name Last Name

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

Student Signature: _____ Date: _____

***** YOU MUST ALSO SUBMIT A COPY OF AN OFFICIAL DOCUMENT THAT LISTS YOUR NEW LEGAL NAME. *****

STUDENT RECORDS USE ONLY:			
Date Request Received	Received By	Date Request Processed	Completed By