KAISER PERMANENTE®
SCHOOL of ALLIED HEALTH SCIENCES

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 510-231-5155, or emailing form to records@kpsahs.edu. 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: _____

Office Use Only		
Date Received: _____	Received By: _____	Updated By: _____