

Student Information Change Form

***** PLEASE CLEARLY PRINT ALL INFORMATION AS REQUESTED *****

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

Student ID Number

Name

Student Birthdate: ____/____/____

New Address:

New Telephone #: _____

Old Address:

Email Address:

*Student Signature _____

*By signing this form, I certify that I am the student identified above.

Please be advised that we need 3-5 business days to process.

Mail/Fax to: Admissions and Records
938 Marina Way South
Richmond, CA 94804
510-231-5155

For Office Use Only

Date Processed _____ By _____