



# Appeal Form

**When to file your Appeal:** The appeal must be postmarked within 45 days of the date your application was denied as set forth on your denial letter.

**Where to file the Appeal:**  
Keystone Alliance of Paralegal Associations  
Post Office Box 344  
Pittsburgh PA 15230

- What you must file with your Appeal:**
- 1) Appeal Form;
  - 2) The reason for your appeal; and
  - 3) Any supporting documentation.

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Your Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date of Denial: \_\_\_\_\_

Reason Application was denied \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information I have given in connection with this appeal is true, to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date