



Great Basin College -Admissions and Records Office
1500 College Parkway Elko NV 89801

Phone: 775--

Email: ~~DRL V V L R Q~~ @gbcn

INFORMATION RELEASE FORM

This form, along with a copy of the student's photo ID, must be submitted by email, fax, mail, or in person.

Student's Name _____

Birth Date _____ GBC ID _____

My signature below indicates my permission for Great Basin College to release my

Academic Records Financial Aid Student Financials

Other-- Expl78nFina-- --: *Name _____

*Address _____

*Telephone _____

Email Address _____

* Pass Phrase _____

GBC will verify the pass phrase before information is released. Pass phrase can be any word or number.

*Required fields

I understand that by signing this authorization, I am waiving my rights to nondisclosure of these records under federal law only to the person(s) specifically listed. This release does not permit the disclosure of these records to any other person or entities without my written consent.

I have attached a copy of the following photo ID _____

Student's signature _____

Date _____