



Admissions & Records
1500 College Parkway
Elko, NV 89801

INFORMATION RELEASE FORM

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

Student's Name _____

Birth Date _____ Social Security or ID # _____

Purpose of Release: _____

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

*Name _____

*Telephone _____

Email Address _____

*Pass Phrase _____

*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 _____