



Great Basin College – Admissions and Records Office  
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### 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 – Explain \_\_\_\_\_

Release of information indicated above to:

\*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 \_\_\_\_\_