

2017-18

Proof of Identity/Statement of Educational Purpose Student Financial Services • 1500 College Parkway • Elko, NV 89801

FAX #: (775) 753-2390 Phone #: (775) 753-2399

WEB SITE: www.gbcnv.edu/financial Email: financial-aid@gbcnv.edu

Student Name:		Date of Birth:	Student ID	
Home Address	PO Box#	City	State	Zip Code
Cell Phone#	Work Phone:	Valid Email Address:		

Proof of Identity/Statement of Educational Purpose (Student Only)					
Please submit: a copy	of valid government-issue	d photo identification, including but not limited to a			
driver's license, or military identification or a valid passport.					
l, (print name)	name), certify that the federal financial aid received will only be used for				
educational purposes to	pay the cost of attending Gre	at Basin College for 2017-18 .			
Student Signature:		Date:			
By signing this worksheet, I certify that all information reported on this worksheet is complete and correct under penalty of perjury.					
Jurat					
State of	County of	Subscribed and sworn/affirmed to before me this			
date of 20_					
by					
Notary Public					
My Commission Expires:					
Please note: This form cannot be faxed or emailed.					
 This original form must be submitted in person to the GBC Elko Campus or to the respective GBC Off-Campus Centers. The Centers will mail this form to the GBC Elko Financial Aid Campus. 					
	s will need to submit the original for	•			
	y of valid government-issued photo o <u>n</u> or a valid <u>passport.</u>	identification, including but not limited to a <u>driver's license</u> , or			
		d/or documentation to obtain federal funds will be vill be vill be reported to the Office of the Inspector General in			
T		prrect to the best of my knowledge. If I purposely give false or mancial Aid, I may be subject to \$10,000 fine, prison sentence, o			
	Student Signature	 Date			