



GBC Student Financial Services Office

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Elko, NV 89801

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Website: www.gbcnv.edu/financial

Phone: (775) 753-2399
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Student Authorization to Release Information January 1, 2014 through June 30, 2015

Due to FERPA regulations Great Basin College does not allow access to, or the release of, educational records or other personally identifiable information without written consent of the student. (Exception: GBC must disclose information to students requesting review of their own records and to authorized government official or agencies for audit and evaluation of state and federally funded programs as stated in the Federal Education Right to Privacy Act.) This form is for the 2014-2015 academic year awarding.

Student Name: _____ Student ID #: _____

Phone: (____) _____ - _____ E-mail Address: _____

By signing below and supplying confidential information as an identifier, I authorize Great Basin College to release information pertaining to my **2014-2015** financial aid records to:

Name: _____

Relationship to Student: _____

This authorization is in effect until the end of the academic year during which it was issued or I request in writing that it be rescinded, whichever comes first. In the event information is released in error, the undersigned agree to hold Great Basin College, harmless for damages.

Student's Signature: _____ Date: _____

***Note:** This form is only for the GBC Student Financial Services Office.