



GBC Student Financial Services Office

1500 College Parkway
Elko, NV 89801

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Website: www.gbcnv.edu/financial

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

Student Authorization to Release Information January 1, 2016 through June 30, 2017

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 **2016-2017** academic year awarding.

Student Name: _____ **Student ID #:** _____
Phone: (____) _____ - _____ **E-mail Address:** _____

By signing below and adding a third-party (parent, spouse, significant other, etc) to this form you are authorizing the GBC Financial Aid Office to release confidential information or records regarding your financial aid status. I authorize Great Basin College to release information pertaining to my **2016-2017** financial aid records to:

Name of person _____

Relationship to Student: _____ **Phone number:** _____

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is in effect until the end of the academic year during which it was issued or I request in writing that it be rescinded, whichever comes first.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.