Student Authorization to Release Information  
January 1, 2015 through June 30, 2016

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 2015-2016 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 2015-2016 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is in effect until the end of the academic year during which it was issued or I request in writing that it be rescinded, whichever comes first.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.