



ENROLLMENT VERIFICATION REQUEST

Admissions and Records Office
1500 College Parkway
Elko, NV 89801

Phone: 775-327-2059 Fax 775-327-5071

Semester: Spring Summer Fall Year _____

Name _____ Birth Date _____

GBC ID Number _____

CALL WHEN READY MAIL FAX EMAIL

Telephone: _____ Fax: _____

Address: _____

Email Address: _____

Signature _____ Date _____