



## ENROLLMENT VERIFICATION REQUEST

Admissions and Records Office  
1500 College Parkway  
Elko, NV 89801

Phone: 775-327-2059 Fax 775-753-2311

Semester:  Spring  Summer  Fall Year \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

GBC ID Number \_\_\_\_\_

CALL WHEN READY  MAIL  FAX  EMAIL

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_