

INTENT TO ENROLL FORM

Purchaser's Name	Contract Number	
Student's Name	Student's SSN	Student's College ID #

STUDENT MAILING ADDRESS

Street Address (include apartment number)		
City	State	Zip
Home Phone (Area Code and Number)	Cell Phone (Area Code and Number)	E-mail Address

SCHOOL INFORMATION

Student intends to enroll during the following:			
<input type="checkbox"/> Fall quarter/semester	<input type="checkbox"/> Spring quarter/semester	<input type="checkbox"/> Winter quarter/semester	<input type="checkbox"/> Summer quarter/semester
Academic year: <input type="checkbox"/> 20_____			

Student intends to enroll in the following Nevada State school(s): - Mark all that apply.		
<input type="checkbox"/> Nevada State College	<input type="checkbox"/> College of Southern Nevada	<input type="checkbox"/> Great Basin College
<input type="checkbox"/> University of Nevada, Las Vegas	<input type="checkbox"/> Truckee Meadows Community College	<input type="checkbox"/> Western Nevada College
<input type="checkbox"/> University of Nevada, Reno		

PRIVATE SCHOOL OR OUT-OF-STATE COLLEGE OR UNIVERSITY INFORMATION

Name of college or university intended for enrollment:		
College or University Billing Contact:		
Street Address:		
City	State	Zip
Phone Number	Fax Number	E-mail Address

BENEFICIARY (STUDENT) ACKNOWLEDGMENT OF INFORMATION RELEASE

In compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA), I authorize the Nevada Prepaid Tuition Program to disclose my personal identifiable information, including Social Security Number, and any other account or invoice information necessary to make payment arrangements to any institution designated by the purchaser above. By signing below, I certify that the information provided on this form is true and correct to the best of my knowledge and will remain in effect until further notice.

Beneficiary's Signature

Date

PURCHASER ACKNOWLEDGMENT OF ENROLLMENT

As the purchaser, I authorize the Nevada Prepaid Tuition Program to pay the college listed above on behalf of the beneficiary. **I acknowledge a \$25 fee is due for the first quarter or semester for which tuition is paid to an eligible private or out-of-state school.** The fee of \$25 must be paid each time the beneficiary transfers to a new private or out-of-state school (NAC 353B.500).

Purchaser's Signature

Date



PLEASE RETURN THIS FORM NO LATER THAN JUNE 7, 2013

Nevada Prepaid Tuition Program, 555 E. Washington Ave., Suite 4600,
Las Vegas, NV 89101, or fax to 702-486-3246
NVPrepaid.gov

Failure to return this form by the date indicated may result in a delay in the processing of your distribution.