

INTENT TO ENROLL FORM

(Request To Use Your Nevada Prepaid Tuition Benefits)

Purchaser's Name (Please Print)	Prepaid Tuition 8 Digit Contract Number
Student's Name (Please Print)	Student's SSN

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 YEAR – PLANNED ATTENDANCE

Check box that applies and enter academic year of planned attendance:			
<input type="checkbox"/> Fall semester/quarter	<input type="checkbox"/> Spring semester/quarter	<input type="checkbox"/> Winter semester/quarter	<input type="checkbox"/> Summer semester/quarter
Academic year: <input type="checkbox"/> 20_____			

Student plans 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 AND/OR OUT OF STATE COLLEGE OR UNIVERSITY INFORMATION

Name of out of state and/or private college or university student will attend:	Student's College ID # (If known)	
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 identification 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 one-time fee of \$25 is due for the first quarter or semester for which tuition is paid to an eligible private or out-of state school.** The \$25 fee must be paid every 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 12, 2015 TO:

The Nevada Prepaid Tuition Program
555 E. Washington Ave., Suite 4600, Las Vegas, NV 89101
Fax: 702-486-3246 Email: prepaidtuition@nevadatreasurer.gov

Failure to return this form by June 12, 2015 may result in a delay in the processing of your Nevada Prepaid Tuition Benefits.