

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 confirm academic year of planned attendance: Example: 2020 - 2021			
<input type="checkbox"/> Fall semester/quarter	<input type="checkbox"/> Spring semester/quarter	<input type="checkbox"/> Winter semester/quarter	<input type="checkbox"/> Summer semester/quarter
Confirm Academic year: 20_____			

**IN STATE - NEVADA SYSTEM OF HIGHER EDUCATION SCHOOLS: Note: If dual enrolled: Check both.**

- |  |  |  |
|--|--|--|
| <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"/> University of Nevada, Reno      | <input type="checkbox"/> Western Nevada College            |  |

**OUT OF STATE COLLEGE OR UNIVERSITY OR IN STATE PRIVATE SCHOOL (Not listed above)**

Name of out of state/private college or university student will attend:	Student's College ID # (If known)	
College, University or Trade School AND 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 as noted 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 higher education institution listed above on behalf of the beneficiary. NOTE: OUT OF STATE/PRIVATE SCHOOL USAGE ONLY: **I acknowledge a one-time fee of \$25 is due for the first semester for which tuition is paid to a FAFSA\* eligible private or out-of-state school.** An additional \$25 fee will only be required if a student transfers to a new private or out-of-state school in the future (NAC 353B.500).

\_\_\_\_\_  
Purchaser's Signature

\_\_\_\_\_  
Date

**PLEASE RETURN THIS FORM NO LATER THAN **JUNE 12, 2020** TO:**

Nevada Prepaid Tuition Program 555 E. Washington Ave., Suite 5200 Las Vegas, NV 89101  
Fax: 702-486-3246 Email: [prepaidtuition@nevadatreasurer.gov](mailto:prepaidtuition@nevadatreasurer.gov) (pdf attachments only) INFO: NVPrepaid.gov

\*FAFSA ELIGIBILITY CAN BE VERIFIED USING SCHOOL CODE SEARCH AT [www.fafsa.gov](http://www.fafsa.gov)

**Failure to return this form on time may result in delayed processing of Nevada Prepaid Tuition Payments.**