

Dan Schwartz
State Treasurer



STATE OF NEVADA
OFFICE OF THE STATE TREASURER



OPT OUT FORM

I do not wish to have my child participate in the Nevada College Kick Start Program, which provides my child with a \$50 college savings account. By completing this Opt Out Form, I acknowledge that this account will be closed, that my child's name will be removed from the active account list and that my child will be ineligible to participate in this program at any time in the future.

Child's Name: _____
First Name Last Name Middle Initial

Child's Date of Birth: _____ Gender: M F

Child's School Id Number _____

Child's School: _____

Parent/Guardian Name (please print): _____
First Name Last Name Middle Initial

Mailing Address: _____

Email address: _____ Phone number: _____

Parent/Guardian Signature: _____ Date _____

Completed form may be emailed to: college_savings@nevadatreasurer.gov or faxed/mailed to the Las Vegas office listed below.

CARSON CITY OFFICE
State Treasurer
101 N. Carson Street, Suite 4
Carson City, Nevada 89701-4786
(775) 684-5600 Telephone
(775) 684-5623 Fax

STATE TREASURER PROGRAMS
Millennium Scholarship Program
Nevada Prepaid Tuition Program
Unclaimed Property
Nevada College Savings Plans
Nevada College Kick Start Program

LAS VEGAS OFFICE
555 E. Washington Avenue, Suite 4600
Las Vegas, Nevada 89101-1074
(702) 486-2025 Telephone
(702) 486-3246 Fax

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