

Office of the Registrar

Physical Address
7000 Fannin, Ste 2250, Houston, TX 77030
Mailing Address
PO Box 20036, Houston, TX 77225-0036
Phone: 713-500-3388 Fax: 713-500-3356

| Office Use Only | |
|-----------------|------------|
| ID# | _____ |
| Plan | _____ |
| By | Date _____ |

STUDENT PRIVACY NOTICE

Directory Information

As a student you have certain rights provided by the Federal Family Education Rights and Privacy Act (FERPA). According to FERPA, the institution and the Texas Higher Education Coordinating Board (THECB) have the right to disclose certain "directory information" unless you object. This "directory information" includes name; University email address; photograph; major field of study; dates of attendance; grade level; enrollment status (e.g., full-time or part-time); participation in recognized activities; most recent previous educational institution attended; classification (e.g., undergraduate, graduate, professional); date of graduation; and degrees, honors and awards received. Unless you object this information can be provided to anyone who inquires, including licensing boards, lending agencies, prospective employers, and other institutions.

You as a student have the right to request this information not be released.

Please choose only one regarding your directory information:

- I understand the university and THECB will release my "directory information" as described above.
- I hereby object to release of my "directory information" to any parties

Semester Credit Hours

Semester credit hours are not considered "directory information" and so the THECB is prohibited from releasing this information to institutions, without your permission. Semester credit hours information is typically used in gathering of demographic statistics, student migration/tracking reports, and other purposes in support of other Texas education-related tuition and grant programs. Do you wish to authorize release of semester credit hours by the Texas Higher Education Coordinating Board to this university and other education-related institutions?

Please initial one:

____ Yes ____ No

Signature

Student ID

Print Name

Date

You may digitally sign this document and return via email attachment or you may return to the Registrar's Office through inter-office mail at UCT 2250 or to the address listed on the top of this form, or send by fax to 713-500-3356.