

The University of Texas Health Science Center at Houston
Office of the Registrar

Physical Address
7000 Fannin, Ste 2250, Houston, TX 77030
Mailing Address
PO Box 20036, Houston, TX 77225-0036
Phone: 713-500-3361 Fax: 713-500-3356

Office Use Only	
ID#	_____
POOL	_____
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, UTHSC-H and the Texas Higher Education Coordinating Board (THECB) have the right to disclose certain "directory information" unless you object. At UTHSC-H this "directory information" includes name; address (all addresses including UT email address); telephone numbers; date of birth; major field of study; dates of attendance; most recent previous educational institution attended; classification (graduate, undergraduate, professional and full-time or part-time status); degrees and awards received; date of graduation; and class schedules. 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 UTHSC-H 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, including UTHSC - H, 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 UTHSC-H and other education-related institutions?

Please initial one:

____ Yes ____ No

Sign your full name

SSN or Student ID (Axxxxxxxxx)

Print your full name

Date

Return this form immediately to **(1)** the Office of Student Affairs at your school or **(2)** the Registrar's Office through inter-office mail at UCT 2250 or to the address listed on the top of this form, or **(3)** send by fax to 713-500-3356.

