

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.

