



## Request to Withhold Public Information

In accordance with the Family Educational Rights Privacy Act (FERPA) guidelines, I request that none of the following public information concerning me be released by the University of Houston – Victoria:

- Name
- Address (all addresses listed in myUHV)
- University issued e-mail address
- Telephone listing
- Date of birth
- Photograph
- Classification (undergraduate or graduate)
- Major, degrees and awards received
- Most recent previous educational agency or institution attended
- Enrollment status (full-time or part-time)
- Participation in officially recognized activities or sports
- Weight and height of members of athletic teams
- Dates of attendance (ex. Fall 2001 to Fall 2005)
- Dates and types of awards received

*I understand that this request will remain in effect until I revoke it in writing.*

\_\_\_\_\_  
University Listing of Name (please print)

\_\_\_\_\_  
UHV Student Number

\_\_\_\_\_  
Major

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

### **To the student:**

Complete the form and return in person or by mail to:

University of Houston – Victoria  
Office of the Registrar and Student Records  
3007 N Ben Wilson  
Victoria, Texas 77901  
(361) 570-4368  
Fax: (361) 580-5545