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THE UNIVERSITY OF TEXAS RIO GRANDE VALLEY
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INFREL



Directory Information Release Form

Student Name: _____ <small>(Please print current name on file)</small>	ID #: _____
Signature: _____	Date: _____

The items listed below are designated as “Directory Information: and may be released for any purpose at the discretion of our institution. Under the provisions of the Family Rights and Privacy Act of 1974, you have the right to withhold the disclosure of the “Directory Information” listed below:

Directory Information
NAME
CURRENT, PERMANENT, AND UNIVERSITY E-MAIL ADDRESS
DATE AND PLACE OF BIRTH
TELEPHONE NUMBER
CLASSIFICATION
ENROLLMENT STATUS (FULL-TIME OR PART-TIME)
MAJOR FIELD OF STUDY
PARTICIPATION IN OFFICIALLY RECOGNIZED ACTIVITIES AND SPORTS
WEIGHT AND HEIGHT OF MEMBERS OF ATHLETIC TEAMS
DATES OF ATTENDANCE
DATE OF GRADUATION
DEGREES, HONORS, AND AWARDS RECEIVED
MOST RECENT EDUCATIONAL AGENCY OR INSTITUTION ATTENDED

Please consider carefully the consequences of any decision by you to withhold the “Directory Information.” Should you decide to inform the institution not to release this information, requests for such information will not be granted to any person or organization not provided for under FERPA, unless accompanied by your written authorization. The institution will honor your request to withhold the information listed above, but cannot assume responsibility to contact you for subsequent permission to release them. Regardless of the effect upon you, the institution assumes no liability for honoring your instructions that such information be withheld.

Complete the Following

- Restrict my Directory Information
- Do not restrict my Directory Information – Directory information may be released for any purpose at the discretion of the institution.