

The University of Texas Medical Branch at Galveston
Office of Enrollment Services

Request to Restrict Release of Information

The following categories of student information are defined by UTMB as "directory information" and will be released upon written request and may be released upon verbal request to the Enrollment Services: name (including previous names), campus phone and campus address, email address, previous institution(s) attended, major field of study, dates of attendance, degree(s) conferred and date(s) of degree(s) (including degrees from previous institutions), honors and awards, participation in officially recognized activities, and postgraduate training site for M.D. graduates and degree candidates.

Students have the right, under the provisions of the Family Educational Rights and Privacy act of 1974, to cause the withholding or disclosure of directory information. A student's consent is presumed, unless a written request to restrict the information as confidential is made by the student in the Office of Enrollment Services on the prescribed form no earlier than the first day of registration and no later than the census date (normally the twelfth class day) in a term. In cases in which the student files a request for restriction of information, such information is treated as confidential, except as provided by law. The request to withhold directory information is effective until the student ceases to be enrolled or the student rescinds this request in writing. Notwithstanding anything to the contrary above, UTMB may disclose such student directory information about former students without any notice to or consent from the student.

(Please Print)

Student Name: _____
Last First Middle

ID Number: _____ Date: _____

In compliance with UTMB policies and provisions of the Family Educational Rights and Privacy Act, I hereby request that UTMB **not** release directory information as defined above without my prior written consent, except as provided by law (e.g., to UTMB employees in the course of their duties with a legitimate educational interest, with respect to determining eligibility for and enforcing terms and conditions of financial aid, to accrediting organizations to carry out their accrediting functions, in compliance with a judicial order or lawfully issued subpoena, in connection with a health or safety emergency). I understand that this request is in effect until I cease to be enrolled or until I rescind this request in writing. In addition, if I am a student in the School of Medicine, I authorize the release of pertinent demographic and academic data from my education record to the Association of American Medical Colleges as an explicit exception to this "Request to Restrict Release of Information."

Student's Signature: _____

Office of Enrollment Services:
Directory Flag Set in Data Base: Date: _____ By: _____