



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:

Home Address	Major
Local Address	Dates of Attendance
Email Address	Classification
Local Telephone Number	Degree(s), If Any, and Date(s)

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

University Listing of Name (please print)

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 Admissions and Records
3007 N Ben Wilson
Victoria, Texas 77901
(361) 570-4110