



REQUEST FOR DIRECTORY INFORMATION

Office of Student Services & Enrollment Management

One Main Street, Suite S380, Houston, Texas 77002-1001

Phone: 713-221-8100 Fax: 713-226-5240

www.uhd.edu

Name of person requesting information: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____

Fax: _____

How will information be used? _____

INFORMATION REQUESTED:

- Student Full Name
- Mailing Address
- Phone Number
- Field of Study
- Other

INFORMATION SENT BY:

- CD _____
- E-mail _____

SEARCH CRITERIA:

- Major _____
- Minor _____
- Full-time
- Part-time
- Current Semester
- Previous Semesters _____
- Other _____
- Graduates
- Seniors
- Juniors
- Sophomores
- Freshmen

UHD has a policy in conformity with the Family Educational Rights and Privacy Act (FERPA) covering the release of student records. Release of personally identifiable information about students is prohibited under this law. Your signature below indicates that you understand your responsibility in using student data and agree not to release this information to any third party.

Rates:
\$50.00 Set-up fee
\$25.00 for each 1000 names
(minimum charge \$75)

Signature

Date

OFFICE USE ONLY

Approval <input type="checkbox"/> Yes <input type="checkbox"/> No	Processed Date _____	Mailed Date _____
Confidential Records <input type="checkbox"/> Yes <input type="checkbox"/> No	Invoiced Date _____	Invoice No. _____
_____ Signature	_____ Date	Invoiced Total _____
		Payment Received _____