

Confidentiality Request Form

University of Houston-Downtown: Registrar's Office
One Main Street, Ste N330 Houston, TX 77002
ph: 713-221-8999
fax: 713-223-7438
uhdrecords@uhd.edu



Student Information:

UHD ID Number

First Name

Last Name

Date of Birth

Telephone

Confidentiality Request

Please do not release any information regarding my personal or academic records. I understand this request will become permanent until I revoke the request.

I realize that it is strongly encouraged that I revoke this request before I graduate from or permanently leave this institution. I understand that I will be required to provide proper identification and that it may be necessary to appear in person at the Registrar's Office under certain circumstances to complete/revoke this request.

Student Name (print)

Student Signature

Date

Request to Revoke Confidentiality

Please revoke my previous request for record confidentiality.

Student Name (print)

Student Signature

Date

For Office Use Only:

Confidentiality Request:

Received By _____ Date _____

Processed By _____ Date _____

For Office Use Only:

Revoke Confidentiality Request:

Received By _____ Date _____

Processed By _____ Date _____