

THE UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
The Office of Enrollment Services



RELEASE OF DIRECTORY INFORMATION FORM

Under the Family Educational Rights and Privacy Act of 1974, release of personally identifiable student education records (other than directory information) to any party other than those specified by FERPA is not permitted without your written consent. Furthermore, you may elect to restrict the "Directory Information".

The University of Tennessee Health Science Center (herein after referred to "UT") defines its "Directory Information" as follows:

<ul style="list-style-type: none"> ✓ <i>Name</i> ✓ <i>Address</i> ✓ <i>Telephone Number</i> ✓ <i>E-mail Address</i> ✓ <i>Major Field of Study</i> ✓ <i>Date and Place of Birth</i> 	<ul style="list-style-type: none"> ✓ Participation in Officially Recognized Activities ✓ Dates of Attendance ✓ Classification ✓ Photographic, video, or electronic images and / or voice of students taken and maintained by the university 	<ul style="list-style-type: none"> ✓ Degrees and Awards Received ✓ Most Recent Previous Education Agency or Institution Attended ✓ Current Enrollment Status (Enrolled hours, full-time or part-time status)
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To restrict or to withdraw your restriction of the release of directory information, read the following, select an option, sign and date this form, and return the form with a copy of your Student ID or Drivers License to The Office of Enrollment Services.

Restricting All Directory Information:

Please consider very carefully the consequences of a decision to have all your "Directory Information" withheld. The University will: 1) not include your name, address, or phone number in the Telephone Directory, 2) not include your e-mail address in the electronic directory, 3) refuse to release any information about you to your insurance company, current or future employers, all types of media, and any non-institutional persons or organizations, 4) give no financial aid or personal information over the phone, 5) state "We can not provide any information on that person" to any request for information. The University assumes no liability for honoring your request to withhold this information.

Please indicate with a check mark your understanding of the following statements:

1. _____ I understand it may take at least one week from the date of receipt for all offices to process this non-release request.
2. _____ I understand that this does not prevent disclosure to University personnel who have a need to know consistent with their official duties for the "UT" or to persons outside the University if such outside disclosure: (1) is permitted by me in writing; (2) is in connection with my application for or receipt of financial aid; (3) is in connection with my application to or my previous enrollment in another school; (4) is pursuant to a lawfully issued subpoena or court order; (5) is required by a health or safety emergency; (6) is otherwise required or permitted by law.
3. _____ I understand that my information will be restricted until this office is notified in writing.

SELECT ONLY ONE OPTION BELOW

1. _____ Restrict all my directory information.
2. _____ Remove restriction of all directory information.

Print Name

Student ID Number

Dated

Student Signature

Phone Number