



**Texas A&M University-Corpus Christi**  
**Office of the University Registrar**  
**Confidentiality Request Form**

**Instructions:** This form is to be completed by the student to request that directory information be withheld from public inquiry.

The University maintains two types of student education records: directory information and other student records. Directory information is considered public information and will be released by the University upon request, in accordance with existing law. Any student who does not wish directory information released must submit the appropriate documentation indicating such with the Office of the Registrar.

Please mark with an "X" the directory information that you do not wish to be released.

\_\_\_\_\_ **Withhold all directory information.**

*You do not need to indicate any of the items listed below if you have marked this item.*

- 
- |                                   |                                     |
|-----------------------------------|-------------------------------------|
| _____ Name                        | _____ Dates of attendance           |
| _____ Local address               | _____ Major                         |
| _____ Permanent address           | _____ Classification                |
| _____ Addresses for mailing lists | _____ Degrees awarded               |
| _____ Telephone number            | _____ Honors                        |
| _____ Sex                         | _____ Awards                        |
| _____ Race/ethnicity              | _____ Class standing                |
| _____ Nationality                 | _____ Previous institution attended |
| _____ Date of birth               | _____ Photograph                    |
| _____ Place of birth              | _____ Weight/height of athlete      |
| _____ Parents' name               | _____ Sports participation          |
| _____ Parents' address            | _____ Parking permit information    |
| _____ Class schedule              | _____ Judicial information          |
| _____ Enrollment status           |                                     |

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I hereby request that the information I have checked above not be released outside the University except as required by Federal or State law. I understand that this request is **permanent** and will remain in effect until I request in writing that the hold(s) be removed.

\_\_\_\_\_  
 Student name

\_\_\_\_\_  
 Student signature

\_\_\_\_\_  
 Student ID

\_\_\_\_\_  
 Date

**For the Registrar's Office Use Only**

Processed by: _____ Date: _____
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**Please return this form to the Registrar's Office.**