AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I: Duy Ha hereby voluntarily authorize officials in the University of Houston - University of Houston identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply)

ullet Office of the University Registrar
\bullet \square Scholarships and Financial Aid
$\bullet \ \square$ Student Financial Services
\bullet \Box Undergraduate Scholars & US (formally USD)
• □ University Advancement
$\bullet \ \square$ Dean of Students Office
• \square Other:
Specifically, I authorize disclosure of the following information or category of information: (Please check the box or boxes that apply)
\bullet \Box Academic Advising Profile/Information
• □ All University Records
• □ Academic Records
$\bullet \ \square$ Billing/Financial Aid
 ■ Disciplinary
$\bullet \Box \text{Grades/Transcripts}$
■ Housing
• \square Photos
\bullet \Box Scholarship and/or Honors
• \square Other:
This information may be released to: Duy Ha for the purpose of Curious
(Print Name(s) of Individual(s) To Whom University May Disclose Information)
(List Additional Individuals if Necessary)

• □ Family		
• Educational Institution		
ullet Honor or Award		
\bullet \square Employer/Prospective Employer		
$\bullet \ \square$ Public or Media of Scholarship		
• \square Other:		
I designate a password to obtain information via the phone: 12314. The password should not contain more than ten (10) letters. You must provide the password to the individuals or agencies listed above. The University will not release information to the caller if the caller does not have the password. A new form must be completed to change your password. This is to attest that I am the student signing this form. I understand the information may		
be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.		
Duy Ha	321321	
Student Name (please print)	PeopleSoft I.D. Number	

2004-11-01

Student Signature

Date

Please Retain a Copy for your Records Original may be submitted to Registrar's Office Degree auditors or academic advisors OGC-S-2006-02-Form

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Note: Modification of this Form requires approval of OGC