Directory Information Request

Process

1. The University of Oklahoma Health Campus may disclose any of the items listed below, unless the student has specifically notified the Office of the Registrar Health Campus to withhold this information from Directory Release.
2. Any individual requesting directory information, must complete this form and return it to the Office of the Registrar Health Campus, Williams Pavilion by email or U.S. Mail for processing.

OU Health Campus Office of the Registrar

Mail: The University of Oklahoma Health Campus
Office of the Registrar
G. Rainey Williams Pavilion
920 Stanton L. Young Blvd., WP 2450
Oklahoma City, OK 73104-5036

Phone: (405) 271-2447

Email: registrar.health@ou.edu

PERSON OR COMPANY REQUESTING INFORMATION
(PLEASE PRINT)

Company Name

Contact Telephone Number

Name of Contact (Last, First)

Title

Purpose of Request:

Information gathered by the University of Oklahoma about students and in some instances former students, as provided by FERPA, is defined as: (1) directory and (2) confidential. Any office gathering such information and/or having custody of it shall release it only in accordance with University policy or as otherwise required by law. The University of Oklahoma Health Campus, in compliance with the Family Educational Rights and Privacy Act (FERPA), has designated specific information as Directory Information. All other student academic information is considered confidential and will not be released, with certain exceptions, without the student's written permission.

DIRECTORY INFORMATION

Student's Name (Last, First, Middle)

Street Address

Major/Field of Study/Degree

Student's Prior Names:

City, State, Zip

Directory Information You are Requesting:

- ☐ Name
- ☐ Email Address
- ☐ Phone Number
- ☐ Class Year
- ☐ Anticipated Degree Date
- ☐ Most recent previous educational institution attended.
- ☐ Address (Home)
- ☐ Address (Permanent)
- ☐ Major Field of Study
- ☐ Enrollment Status
- ☐ Degrees and Awards

DELIVERY INFORMATION

☐ Mail the verification (please provide exact name and address)

AUTHORIZATION

Student's Signature

Date

Parent's Signature (if obtaining records through FERPA)

Date

ADMINISTRATIVE USE ONLY

Processed By

Date

Record Location

Comments