



Buckley Amendment Form

FAMILY EDUCATIONAL RIGHTS & PRIVACY ACT OF 1974

PUBLIC NOTICE

Sam Houston State University Operational Guidelines
Under the terms of the Family Educational Rights
And Privacy Act of 1974
(Buckley Amendment)

Under the terms of the Family Educational Rights and Privacy Act, Sam Houston State University has established the following as directory information: (1) Name, (2) Local/Home Address, (3) Major, (4) Minor, (5) Local/Home Telephone Number, (6) E-mail Address, (7) Enrollment Status, FT/PT, (8) Degrees, Diplomas, and Certificates and Date of Award, (9) Honors and Awards, (10) Classification, (11) Extracurricular Activities, (12) Birth date and Place of Birth, (13) Names and Addresses of Parents/Legal Guardians and (14) Weight, Height, and Related Information of Athletic Team Member.

The above directory information will be available for release to the general public. However, the Act states that each student has the right to inform Sam Houston State University that the above information is not to be released.

A student may restrict the release of directory information by submitting written notification to the Registrar's Office, Estill 331. Notification must be given prior to the twelfth class day of the fall and spring semesters and the fourth class day of the summer term. (See Academic Calendar)

Sam Houston State University will honor the student's request to restrict the release of "Directory Information" as listed above, but cannot assume responsibility to contact the student for subsequent permission to release the information. **In addition, a student's name will not be published in the Deans List, the Commencement Program, or the Honors List at Commencement, when the Buckley has been invoked.** Regardless of the effect upon the student, the institution assumes no liability for honoring the student's instructions to restrict the release of "Directory Information."

I, _____, have read and understand the information listed above. I request "Directory Information" on my records to be:

☐

Restricted

☐

Released

Signature: _____ SAM ID/Social Security Number: _____

Date: _____

For Official Use Only: Date _____ Processed by _____