

- Staff
 Faculty

- Student
 Hourly

**LAMAR UNIVERSITY/LAMAR INSTITUTE OF TECHNOLOGY
OFFICE OF HUMAN RESOURCES
DISCLOSURE REQUEST FORM**

(All Fields Are Required)

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form

EMPLOYEE PERSONAL INFORMATION

TEXAS GOVERNMENT CODE 552.024 allows employees to either disclose or not disclose specific information that is protected. If the employee does not declare this information as confidential, the information will be subject to public access. Please check the appropriate statement below to indicate your selection.

I allow the following to be released to the public:	Yes	No
Home address	<input type="checkbox"/>	<input type="checkbox"/>
Home telephone number	<input type="checkbox"/>	<input type="checkbox"/>
Social Security number	<input type="checkbox"/>	<input type="checkbox"/>
Information that reveals if I have family members	<input type="checkbox"/>	<input type="checkbox"/>
Emergency contact information	<input type="checkbox"/>	<input type="checkbox"/>

An election to NOT allow public access to personal information does not prohibit releasing information to the employee or the employee’s authorized representative or for the legitimate use by employees of Lamar University/Lamar Institute of Technology.

EMPLOYEE CRIME VICTIM IDENTIFICATION ELECTION

Due to a change in the law, state agencies have more authority to protect information about employees from public access. TEXAS GOVERNMENT CODE 552.132(f) allows state employees to elect to withhold information that would identify or tend to identify them as crime victims. If the media or other public entities request an employee’s picture or other identifying information because the employee was a crime victim, the employee may elect to withhold such information. Please check the appropriate statement below to indicate your election:

- DO NOT ALLOW PUBLIC ACCESS** to information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.
- ALLOW PUBLIC ACCESS** to personal information that would identify or tend to identify me as a crime victim, including my photograph or any other visual representation of me.

I have read and understand this material and I certify that the information provided by me is true and correct to the best of my knowledge. This document is executed in good faith.

Name (Please Print)

Date

Signature

Employee ID Number

Please print and return this form to the HR Office once you have made your designation.