



# LOUISIANA DEPARTMENT OF EDUCATION

## CONSENT FOR ACCESS TO EDUCATION RECORDS

(Please send the completed form to [LDEDATA@la.gov](mailto:LDEDATA@la.gov) )

The Family Education Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without written consent, except under limited circumstance. The Louisiana Revised Statutes Title 17 (R.S. 17:3914) also restricts the Louisiana Department of Education (hereinafter referred to as "LDOE") from accessing students' personally identifiable information (e.g. full name, date of birth, social security number) unless it meets one of the law's limited exceptions.

I have requested that LDOE access my records for the purpose of providing:

- Test history or transcript review       Graduation verification       Special education history

Other (Please specify): \_\_\_\_\_

I agree that the LDOE will need and/or have access to the following personally identifiable information to complete my request:

Please check all that apply	Please PRINT or TYPE the following information
<input type="checkbox"/> Full Name	
<input type="checkbox"/> Social Security Number	
<input type="checkbox"/> Date of Birth (DOB)	
<input type="checkbox"/> School location and name	
<input type="checkbox"/> Month and year of graduation	

I have requested my education records be released to the following person/agency:

Name/Agency	
E-mail	
Telephone	

I understand that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by LDOE prior to the receipt of any such written revocation.

By signing below, I hereby authorize LDOE to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the Louisiana Department of Education, its employees, officers, and agents, from all liability for damages of whatever kind which may result from the department's compliance, or any attempts to comply, with this authorization.

\_\_\_\_\_  
Signature  
Legal Guardian Signature (If under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Full Name (please print)

Please submit a photocopy of a government issued ID as proof of identity, such as driver's license.