

SCHOOL SYSTEM CONSENT FORM

Dear Parents and Guardians,

You are receiving this consent form because your child’s school system has indicated interest in recommending your **CHILD’S NAME** for nomination for the U.S. Presidential Scholar Program. This program recognizes some of our nation's most distinguished graduating high school students selected on the basis of outstanding scholarship and on academic accomplishment in the career and tech field. The 2025 U.S. Presidential Scholars will be selected by the United States Department of Education (USDOE). This is a recognition program, not a scholarship program.

I understand that:

- To allow my child to be considered for the US Presidential Scholar Program, SCHOOL SYSTEM must share
the following information with the LDOE:
 - A nomination letter with additional information on my child
 - Student’s full name
 - Student’s home mailing address
 - Student’s gender
 - Student’s or Parent’s primary email address
 - High School name and mailing address
 - High School College Entrance Examination Board (CEE) Code
- If my child is selected by the LDOE, to be nominated for the U.S. Presidential Scholar Program, **only the following** information will be shared with the USDOE via a secure portal:
 - Student’s full name
 - Student’s home mailing address
 - Student’s gender
 - Student’s or Parent’s primary email address
 - High School name and mailing address
 - High School College Entrance Examination Board (CEE) Code
- The LDOE will request no additional data elements beyond those listed above. The LDOE will only use the information collected for the purpose of the U.S Presidential Scholar Program nomination process only. This information will be destroyed by the LDOE within eighteen months.
- If my child is selected by the LDOE to be nominated for the U.S. Presidential Scholar Program, the USDOE will request additional data elements directly from the nominated student and school system.

I CONSENT to SCHOOL SYSTEM to share my child’s personal information, or if the student is age 18 or older, I CONSENT for my personal information, as listed above with the Louisiana Department of Education and further consent to the Louisiana Department of Education to share the personal information listed above with the United States Department of Education for the purposes stated above.

Signature of Parent/Legal Guardian or Student
Signature if age 18 or older

My Full Name (please print)

Date

My Child’s Full Name (please print)