



# LOUISIANA DEPARTMENT OF EDUCATION

## LEA SUPERINTENDENT # \_\_\_\_\_ ) -k ° yu=\k@° u@V

*Please complete, scan, and return via email*

..... V ..... o ..... ) ..... u .....  
Q° ..... O ..... ) ..... Q° ..... u .....

I have requested that the Louisiana Department of Education (LDE) access student records for the purposes of:

I agree that the Department will have access to the following ..... :  
O .....

For the following students:  
*List student name(s) and Louisiana Secure ID(s).*

I CONSENT to the LDE accessing ..... student data listed above for the purposes  
stated above.

<Enter site code & school name above>

### Internal Use Only:

Date Received \_\_\_\_\_

Date(s)/Time(s) of Access \_\_\_\_\_

Complete Date \_\_\_\_\_

\_\_\_\_\_  
Signature of LEA Superintendent # \_\_\_\_\_ O \_\_\_\_\_

\_\_\_\_\_  
LEA Superintendent # \_\_\_\_\_ O \_\_\_\_\_ (please print)

\_\_\_\_\_  
Date

## Louisiana Believes