



LOUISIANA DEPARTMENT OF EDUCATION

LEA SUPERINTENDENT REQUEST

Please complete, scan, and return via email

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

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 information:

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.

Signature of LEA Superintendent

LEA Superintendent (please print)

Date

Internal Use Only:

Date Received _____
Date(s)/Time(s) of Access _____

Complete Date _____

Louisiana Believes