



LOUISIANA DEPARTMENT OF EDUCATION

PARENTAL CONSENT FORM

Please complete, scan, and return via email

I have requested that the Louisiana Department of Education (LDE) access my child's records for the purposes of:

I agree that the Department will have access to the following personally identifiable information:

List data elements here.

I CONSENT to the LDE accessing my child's personal information listed above for the purposes stated above.

Signature of Parent/Legal Guardian

My Full Name (please print)

Date

My Child's Full Name (please print)

Internal Use Only:

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

Complete Date _____

Louisiana Believes