



LOUISIANA DEPARTMENT OF EDUCATION

CONSENT FORM

Please complete, scan, and return via email

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

I agree that the Department will have access to the following to the following personally identifiable information:
List data elements here.

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

Signature

My Full Name (please print)

Date

Internal Use Only:

Date Received _____

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

Complete Date _____

Louisiana Believes