**CONSENT FOR ACCESS TO EDUCATION RECORDS
(Please send the completed form to** **LDEDATA@la.gov** **)**

The Family Education Rights and Privacy Act (FERPA) protects the privacy of student education records by prohibiting their disclosure without written consent, except under limited circumstances. The Louisiana Revised Statutes Title 17 (R.S. 17:3914) also restricts the Louisiana Department of Education (hereinafter referred to as “LDOE”) from accessing students’ personally identifiable information (e.g. full name, date of birth, social security number) unless it meets one of the law’s limited exceptions.

 I have requested that LDOE access my records for the purpose of providing:

* Test/Assessment Records
* Special Education Records
* Investigate No Records found via Parchment
* Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree that the LDOE will need and/or have access to the following personally identifiable information to complete my request:

|  |  |
| --- | --- |
| **Please include all that apply** | **Please PRINT or TYPE the following information** |
|  First & Last Name |  |
|  Social Security Number |  |
|  Date of Birth (DOB) |  |
|  School location and name |  |
|  Month and year of graduation |  |

I have requested my education records be released to the following person/agency:

|  |  |
| --- | --- |
| Name/Agency |  |
| E-mail |  |
| Telephone |  |

I understand that this consent shall remain in effect until revoked by me, in writing, but that any such revocation shall not affect disclosures previously made by LDOE prior to the receipt of any such written revocation.

By signing below, I hereby authorize LDOE to release my education record information as specified above. Further, I agree to release, indemnify, and hold harmless the Louisiana Department of Education, its employees, officers, and agents, from all liability for damages of whatever kind which may result from the department’s compliance, or any attempts to comply, with this authorization.

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Signature Date Full Name (please print)