



LOUISIANA DEPARTMENT OF EDUCATION

LEA SUPERINTENDENTk/ I ! w¢9w [9! 59w ! ;¢I hwl½!¢Lhb

Please complete, scan, and return via email

I, the undersigned, hereby request 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 student records for the purposes of:

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 Superintendentk/KI-NUŠN [ŠI-ŘŠN

LEA Superintendentk/KI-NUŠN [ŠI-ŘŠN (please print)

Date

Louisiana Believes