



LOUISIANA DEPARTMENT OF EDUCATION

LEA SUPERINTENDENT # _____) -k ° yu=\k@° u@V

Please complete, scan, and return via email

..... V o) u
Q° O) Q° u

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 :
O

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 # _____ O

LEA Superintendent # _____ O (please print)

Date

Internal Use Only:

Date Received _____

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

Complete Date _____

Louisiana Believes