

## FERPA CONSENT TO RELEASE MY CHILD'S EDUCATIONAL RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) provides certain rights to parents of students under 18 years old concerning the privacy of, and access to, the student's personally identifiable information, including Educational Records. Except as otherwise permitted by law, the Louisiana Office of Student Financial Assistance (LOSFA) will not disclose any personally identifiable information contained in your student's files without your signed and written consent. If you want/will allow LOSFA to disclose your student's information to another person, you must complete, date, and sign this form and return it to the address below. (If you do not have your student's LOSFA ID number, have him/her go to his/her account in the LOSFA Student Hub at <https://www.osfa.la.gov/studenthub> or send an email to [custserv@la.gov](mailto:custserv@la.gov). If a LOSFA ID number has not been assigned, leave this blank.)

### YOU MUST COMPLETE THE FOLLOWING INFORMATION (please print or type):

Student's Name: \_\_\_\_\_ LOSFA ID: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Work Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, HEREBY AUTHORIZE LOSFA TO RELEASE ANY AND ALL OF MY STUDENT'S EDUCATIONAL RECORDS, EXCEPT THOSE RECORDS I HAVE SPECIFICALLY LISTED BELOW, TO (please print or type):

Name: \_\_\_\_\_

Name of Company (if not a parent, custodian or spouse) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

The following records shall not be disclosed: \_\_\_\_\_

I acknowledge by my signature below that although I am not required to release any of my student's Educational Records, I am giving consent to release any and all of my student's Educational Records, except as listed above, to the above named person(s). I understand that this consent will remain in effect until and unless I revoke such consent in writing and the revocation is received by LOSFA, or until such time as my student reaches age 18 and revokes such consent.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

Do one of the following: **EMAIL** the completed form to [ferpa.consent@la.gov](mailto:ferpa.consent@la.gov).

**FAX** the completed form to: 225-208-1618.

**MAIL** the completed form to: LOSFA, Attention: Legal, P.O. Box 91202, Baton Rouge, LA 70821-9202.