

## FERPA CONSENT TO RELEASE MY CHILD'S EDUCATIONAL RECORDS (Minor Under 18)

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 child's personally identifiable information, including Educational Records. Except as otherwise permitted by law, no educational agency may disclose any personally identifiable information contained in your child's files without your signed and written consent unless a specific exception is provided in FERPA. If you want/will allow an educational agency to disclose your student's information to another person, you must complete, date, and sign this form and return it to the address below.

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

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

Current School Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_ School District/Parish: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

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

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, HEREBY AUTHORIZE MY CHILD'S SCHOOL, SCHOOL DISTRICT, AND THE LOUISIANA DEPARTMENT OF EDUCATION TO RELEASE ANY AND ALL OF MY CHILD'S DEMOGRAPHIC AND ACADEMIC DATA, INCLUDING NAME, DATE OF BIRTH, SOCIAL SECURITY NUMBER, FREE/REDUCED LUNCH STATUS, GRADE LEVEL, GENDER, ETHNICITY, DISCIPLINE AND ATTENDANCE INFORMATION, GRADE POINT AVERAGE, STANDARDIZED TEST SCORES, AND COURSE ENROLLMENT TO THE LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE (LOSFA) FOR ANY PURPOSE RELATED TO LOSFA'S FIELD SERVICES OUTREACH AGREEMENT WITH MY CHILD'S SCHOOL DISTRICT. I UNDERSTAND THAT MY CHILD'S NAME WILL NOT BE PUBLISHED IN ANY REPORT; HIS/HER DATA WILL BE AGGREGATED FOR REPORTING PURPOSES.

I acknowledge by my signature below that although I am not required to release any of my child's Educational Records, I am giving consent to release my child's personal information as indicated above to LOSFA. I understand that this consent will remain in effect until and unless I revoke such consent in writing and the revocation is received by the Louisiana Office of Student Financial Assistance.

I agree that the consent provided herein shall remain in effect for the entire period of time during which my child participates in LOSFA/LFOS sponsored events, unless revoked in writing.

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

\_\_\_\_\_  
Date

**RETURN** the completed form to:

(Appropriate on-site school coordinator at the student's school. The OSSC will then mail the forms to us.)

**DO NOT EMAIL this form to the Louisiana Department of Education. Your EMAIL can be hacked by third parties.**