



LOUISIANA DEPARTMENT OF EDUCATION

Student Consent Form

I, _____, am requesting that the Louisiana Department of Education (LDE) access my records for the purpose of verifying **SBESE Home Study Approval**.

I agree that the Department will have access to the following personally identifiable information:
Name of student, date of birth, and date of SBESE Home Study Approval

I consent to LDE accessing my personal information listed above for the purposes stated above.

Printed Full Name at time of Homeschooling

Date of Birth

Graduation Date

Signature of Student

Date

Please complete this form and return it with a copy of your student's birth certificate to one of the following:

Email: nonpublicschools@la.gov

Mail: Department of Education
Office of Portfolio/HomeStudy
P.O. Box 954604
Baton Rouge, LA 70804

Internal Use Only:

Date Received: _____

Date Completed: _____

Completed by: _____

Louisiana Believes