LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE

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CONSENT FORM

TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS
For Students 18 Years Old or Older and Emancipated Students*

==========

School Name: _____ LEA: _____
(If Applicable)

I CONSENT TO THE FOLLOWING:

Data to be shared:

- Full name
- Birthdate
- Social Security Number
- My cumulative student transcript data (includes but not limited to, courses taken, type of course, the grades for each course, and when and where the courses were taken).

Please share the above data with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and the postsecondary education institution(s) to which I apply (Institution) through the Board of Regents (BOR) and LDE to allow:

- LOSFA to determine **whether I am eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
- LOSFA to **make TOPS and other aid payments**.
- The Institution to process my application for admissions to the Institution.

I am ☐ 18 years old/ ☐ Emancipated*. (Check the applicable box)

_____ _____
Signature of Student Student's Date of Birth*

_____ _____
Printed Name of Student Date

*If student is emancipated, attach a copy of the court records evidencing the emancipation.