LOUISIANA OFFICE OF STUDENT FINANCIAL ASSISTANCE

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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. 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.
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.