



School Choice

Student Consent Form

I, _____, am requesting that the Louisiana Department of Education (LDOE) access my records for the purpose of verifying my BESE-Approved Home Study Approval Letter.

I agree that the Department will have access to the following personally identifiable information:

- Student name
- Student date of birth
- Student BESE-Approved Home Study Approval Letter

I consent to LDOE accessing my personal information for the purposes outlined above.

Printed Full Name at time of Home Study

Date of Birth

Graduation Date

Student Signature

Email requests to homestudy@la.gov.