FERPA CONSENT TO RELEASE MY EDUCATIONAL RECORDS

The Federal Family Educational Rights and Privacy Act (FERPA) provides certain rights to students concerning the privacy of, and access to, their 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 files without your signed and written consent. If you want LOSFA to disclose your information to another person (i.e., parent, spouse, employer, etc.) you must complete, date, and sign this form and return it to the address below. (If you do not have your LOSFA ID number, go to your account in the Louisiana Award System at https://www.osfa.la.gov/AwardSystem/ or send an email to custserv@la.gov. If a LOSFA ID number has not been assigned, leave this blank.)

YOU MUST COMPLETE T	HE FOLLOWING INFORMATION (please print o	r type):
Student's Name:	LOSFA ID:		Date of Birth:
Address:	City:	State:	Zip Code:
Home Phone#:	Cell Phone#:		
Work Phone#:	Email Address:		
AUTHORIZATION TO REI	LEASE INFORMATION		
	, HEREBY AUTHORIZE ECORDS, EXCEPT THOSE RECORI		
Name:			
Name of Company (if not a pa	rent, custodian or spouse)		
Address:	City:	State:	Zip Code:
Home Phone#:	Cell Phone#:		
Relationship:	Date of Birth:		
The following records shall no	t be disclosed:		
I acknowledge by my signate Records, I am giving consent	ure below that although I am not requ to release any and all of my Educational derstand that this consent will remain i	al Records, ex	cept as listed above, to the
Student's Signa Do one of the following:	ature EMAIL the completed form to ferpa.con	Date sent@la.gov.	

Revised 7-11-14 TP090 (PPM #501 – Student)

MAIL the completed form to: LOSFA, Attention: Legal, P.O. Box 91202, Baton

FAX the completed form to: 225-208-1618.

Rouge, LA 70821-9202.