

**LOUISIANA STUDENT FINANCIAL ASSISTANCE COMMISSION  
OFFICE OF STUDENT FINANCIAL ASSISTANCE**

***Taylor Opportunity Program for Students (TOPS)  
Bulletin***

TOPS BULLETIN NUMBER:	T2014-6
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DISTRIBUTION:	Professional School Counselors, High School Principals, Parish Superintendents, College and University Financial Aid Offices and Registrars, LAICU Financial Aid Offices and Registrars, Louisiana Community and Technical College System Deans and Louisiana Community and Technical College System Personnel
TOPICS:	Consent Form for the TOPS Tracker, Determination of TOPS Eligibility, and College Admissions

Act 837 of the 2014 Regular Session of the Louisiana Legislature requires the governing authority of each school to provide a form to the parent or legal guardian of each student enrolled in grades eight through twelve which explains that the parent has the right to determine whether their child's Personally Identifiable Information (PII) can be released to LOSFA and to the postsecondary education institution(s) to which their child applies. The form must be provided every year, and at least one parent or legal guardian must sign that they either grant consent or deny consent.

PII includes the student's full name, social security number, and transcript data. This information will be used by LOSFA to provide a TOPS Tracker to allow students and parents to track a student's progress toward TOPS eligibility and to determine a student's eligibility for a TOPS Award and other student financial aid. This information will also be used by postsecondary institutions to determine whether a student is eligible for admission.

The Consent Form included in this Bulletin is for use by the parents and guardians of students enrolled in the eighth through the twelfth grades. The parent or guardian must give consent or deny consent to the collection of their child's PII and the distribution of the PII through the Louisiana Department of Education to LOSFA and through the Board of Regents to the postsecondary institutions.

We have also attached a cover letter to transmit the Consent Form to the parents and legal guardians.

A Consent Form for every student is required by the law to ensure that PII is disclosed only for those students whose parent or legal guardian has consented and that the parents who deny consent do so with full knowledge of the effect of denial of consent.

The Consent Form must be signed by the student rather than the parent or legal guardian if the student is 18 or is judicially emancipated or is emancipated by marriage.

The Consent Form is being provided at this time to allow schools to begin the process of having each parent or legal guardian consent or deny consent. Schools should immediately start the process of

obtaining completed and signed Consent Forms. The forms should be maintained by each school for use in updating the students' electronic records at the state level when the procedure for doing so is made available.

At this time The Louisiana Department of Education, the Board of Regents and the Louisiana Office of Student Financial Assistance are working together to develop and implement the procedure for annotating student records with either consent given or consent denied. All schools will be notified when this procedure is in place and will be given the instructions necessary to follow the procedures.

**Place on school/LEA letterhead:**  
**School's name must be included in the header**

Date

Dear \_\_\_\_\_:

State law requires that you make an election at the beginning of each year starting when your child enters the eighth grade as to whether you give or deny consent for this school to collect your child's Personally Identifiable Information (PII) and disclose it to the Louisiana Office of Student Financial Assistance (LOSFA) for TOPS and other financial aid or to the state's colleges and universities (Institutions) for admissions. We will no longer provide your child's transcript data to LOSFA and the Institutions without your permission

Please read the attached Consent Form and fill out and sign the portion of the Form that applies to your decision to grant or deny consent.

Please return the form to the school. Thank you.

Enclosure

# CONSENT FORM

## TOPS, COLLEGE SCHOLARSHIPS, GRANTS, AID PROGRAMS & COLLEGE ADMISSIONS

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**School Name:** \_\_\_\_\_

**LEA:** \_\_\_\_\_

(If Applicable)

### I CONSENT TO THE FOLLOWING:

**Data to be shared:**

- Full name
- Birthdate
- Social Security Number
- 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).

Your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR) and LDE to allow:

- You to **track your child's progress** in taking the courses and earning the grades required to be eligible for a Taylor Opportunity Program for Students (TOPS) Scholarship by having an account on Louisiana Connect ([www.LouisianaConnect.org](http://www.LouisianaConnect.org)).
- LOSFA to determine **whether your child is eligible for TOPS and other college aid using the Louisiana Award System (LAS)**.
- You to **monitor your child's TOPS eligibility status** by having an account on LAS ([www.osfa.la.gov/AwardSystem/](http://www.osfa.la.gov/AwardSystem/)).
- LOSFA to **make TOPS and other aid payments**.
- The Institution to process applications for admissions to the Institution.

**I understand that:**

- LOSFA must have my child's personal information to allow me to track my child's progress toward TOPS eligibility and to make my child eligible for a TOPS Scholarship.
- Institution must have my child's personal information to process my child's application to the Institution
- Neither LOSFA nor the Institution will give my child's personal information to any agency not listed above unless required to do so by law or as necessary to pay my child's TOPS award, other scholarships, grants or aid, or to process an application to the Institution.
- My child's social security number will be electronically encrypted so that it cannot be viewed by anyone.
- LOSFA and the Institution will destroy my child's personal information when it is no longer needed or not later than five years after my child graduates, whichever is earlier, unless otherwise required to be maintained by state or federal law.

**I CONSENT** to my child's school collecting my child's personal information named above and disclosing the personal information collected to LOSFA and to the Institution.

I understand and acknowledge that the consent provided herein shall be valid for my child's cumulative transcript records as of the date of signature and shall remain valid and in effect for the current school year.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
My Child's Full Name

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date

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### I DO NOT CONSENT

**I DO NOT CONSENT** to my child's school collecting my child's personal information named above and disclosing the personal information to LOSFA and BOR. **I understand that by declining consent for the collection and disclosure of my child's personal information to LOSFA and the Institution, my child's eligibility for state and federal student financial aid, including TOPS, cannot be determined by LOSFA and that the Institution will not be able to process my child's application for admission to the Institution.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
My Child's Full Name

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

\_\_\_\_\_  
Date