

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

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

TOPS BULLETIN NUMBER:	T2015-5
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DISTRIBUTION:	High 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. Schools must provide the form to parents every year; however, beginning with the 2015-2016 academic year, parents must only sign and return the form once. The election to consent or to withhold consent is valid until another signed form is received from the parent. 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.

Questions regarding Consent Letter or Consent Form should be sent to [losfa.consent@la.gov](mailto:losfa.consent@la.gov).

**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 the year your child enters the eighth grade, or when your child first enters public school after the eighth grade, as to whether you give or deny consent for this school to collect your child's 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. Once you sign this form, your decision to consent or not to consent to the collection and disclosure of your child's PII will be valid. Your decision may be changed at any time by completing and returning this form.

Your child's transcript data will not be provided to LOSFA and the Institutions unless you consent to the disclosure of the information.

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

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

**CONSENT FORM**

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

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If you consent, your child's data will be shared with the Louisiana Office of Student Financial Assistance (LOSFA) through the Louisiana Department of Education (LDE) and its technology partner, the Office of Technology Services (OTS)<sup>1</sup> and the postsecondary education institution(s) to which your child applies (Institution) through the Board of Regents (BOR),LDE, and OTS 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(s) to process his/her application for admission.

**The data which is necessary to determine your child's eligibility for TOPS and for admission to an Institution and which may be shared with LOSFA and Institutions for these purposes includes:**

- 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).

**If you do not consent to the disclosure of your child's data to LOSFA and to postsecondary Institutions, the evaluation of your child's eligibility for TOPS and for admission to college will be delayed until the information necessary to make a determination is provided.**

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**I CONSENT**

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

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 until he graduates from high school or I withdraw consent by completing the bottom portion of this form and returning it to my child's school.

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

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

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

\_\_\_\_\_  
Date

**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 I may provide consent at a later date by completing the consent portion of this form above and returning it to my child's school.

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

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

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

\_\_\_\_\_  
Date

<sup>1</sup> LDE and OTS will not have access to students' personally identifiable information to facilitate this process.  
**FORM 837 - Revised 8-3-15**