



# LOUISIANA DEPARTMENT OF EDUCATION

## CONSENT FORM

*Please complete, scan, and return via email  
assessment@la.gov*

I have requested that the Louisiana Department of Education (LDE) access my records for the purposes of:

### **Graduate Exit Exam (GEE) Results**

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

*List data elements here.*

Full Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last District and School of Record: \_\_\_\_\_

Last Year of Enrollment: \_\_\_\_\_

I CONSENT to the LDE accessing my personal information listed above for the purposes stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
My Full Name (please print)

\_\_\_\_\_  
Date

Internal Use Only:

Date Received \_\_\_\_\_

Date(s)/Time(s) of Access \_\_\_\_\_

Complete Date \_\_\_\_\_