

CONSENT FORM

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

School Name: Riverfield Academy 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).
- 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/).
- 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 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

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