



Summer 2018

Dear Families of Academic Studio Students:

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 Consent Form on the back of this page 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.

NOCCA Student Services



## CONSENT FORM

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

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 and to **monitor your child's TOPS eligibility status** by having an account on the LOSFA Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- 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 the Student Hub (<https://www.osfa.la.gov/studenthub.html>).
- 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.

### 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

\_\_\_\_\_  
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 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

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

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

\_\_\_\_\_  
Date

<sup>1</sup> LDE and OTS will not have access to students' personally identifiable information to facilitate this process.  
FORM 837 - Revised 2-28-18