

ORLEANS PARISH SCHOOL BOARD

(504) 304-3520 • OPSB.us • 3520 General DeGaulle Drive • Suite 5055 • New Orleans, Louisiana 70114



CONSENT FORM

Please complete, scan, and return via email

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

Requesting Graduation Exit Exam (GEE) Results

Select One

Old GEE

GEE 21

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

List data elements here.

(Please Print)

Full Name: _____

Last Four of Social Security Number: XXX-XX-_____

Date of Birth: _____

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

Signature

My Full Name (please print)

Telephone # and Email Address

Date

Internal Use Only:

Internal Use Only:

Date Received _____

Date(s)/Time(s) of Access _____

Complete Date _____