



Registrar's Office
Academic Authorization Release Request

Students who complete and submit this form for processing are authorizing SUSLA to release data to the Louisiana Office of Financial Assistance (LOFSA) through the Louisiana Department of Education (LDE) and the postsecondary education institution(s) to which I apply (Institution) through the Board of Regents (BOR) and LDE. The student must complete the information as requested below and submit the completed form to the Registrar's Office.

NOTE: If the student is currently enrolled, this request will be processed once final grades are posted at the end of the semester. If not, all academic information, to date, will be provided to LOFSA.

Name: _____ **SUSLA ID#** 9000

Last 4-digits of SSN: _____ **DOB** _____ **Phone:** (____) _____

Address: _____
Street Address City ST Zip

SUSLA Email: _____ **@skymail.susla.edu** **Personal Email:** _____

Classification: Freshman Special Sophomore **Is SUSLA your home institution?** Yes No
If not, please list your home institution: _____

Are you: (check all that apply)
 requesting TOPS grade(s) submission? requesting Chafee grade(s) submission?
 requesting Rockefeller grade(s) submission? Other: _____

Enrollment Date: Year _____ Semester Fall Spring Summer **Major:** _____

I, the undersigned, authorize SUSLA to:

- ✓ Share the following data: full name, birthdate, social security number.
- ✓ Share my cumulative 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).
- ✓ Provide academic information so LOFSA can determine whether I am eligible for TOPS and other college aid using the Louisiana Award System (LAS).
- ✓ Provide academic information so LOFSA can make TOPS and other aid payments.
- ✓ Provide academic information so the Institution can process my application for admissions.

Student's Signature: _____ **Date:** _____

Registrar's Office Use Only
Date Processed:
Processed by: