



Student Education Records Acknowledgement Form

Student's First Name	Middle Initial	Last Name
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Street Address	City	State	Zip Code
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Under the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g and Leon's Law, SL 2025-46, South Piedmont Community College is permitted to disclose information from your education records to your parent(s)/legal guardian(s), without consent, if they claim you as a dependent for federal tax purposes.

I, _____, acknowledge, to the extent allowed under the Family Educational Rights and Privacy Act (FERPA) and Leon's Law,

- (1) Upon request, my education records will be provided to my parent(s)/legal guardian(s) as long as the parent/legal guardian has not opted out of receiving the education records.
- (2) My education records will be provided to the school administrators and school counselors at the school in which I am dually enrolled.

Student Signature: _____ Date: _____

Provide Contact Information for parent(s)/legal guardian(s):

Parent/Guardian 1 Name _____

Phone Number _____

Email Address _____

Parent/Guardian 2 Name _____

Phone Number _____

Email Address _____