

*****Please note that if this form is not filled out completely, it will delay your request.***

Date Received: _____ Processed By: _____ Notes: _____

Leon's Law - Records Acknowledgement Form

Students First Name	Middle Initial	Last Name	
Street Address	City	State	Zip Code

Under the Family Educational Rights and Privacy Act (FERPA) 20 U.S.C. § 1232g and Leon's Law, SL 2025-46, Guilford Technical 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) 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: _____

Parent/Guardian 2 Name: _____

Phone Number: _____ Email: _____

For College Use Only:

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