

Student Education Records Acknowledgement Form

Student Information

Student's First Name	Middle Initial	Last Name	
Student's Date of Birth		PCC Student ID (if known)	
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, **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

Student Name

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 guardians(s):

Contact Information	Parent/Guardian 1	Parent/Guardian 2
Name(s):		
Address:		
Phone Number:		
Email address:		
