



Student Education Records Acknowledgement Form

Student Information

Student's First Name Middle Initial Last Name

Middle Initial

Last Name

Student's Date of Birth _____ **PCC Student ID (if known)** _____

PCC Student ID (if known)

Street Address City State Zip Code

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: | | |