ROANOKE-CHOWAN COMMUNITY COLLEGE

Student Form

Student Education Records Acknowledgement Form

_____

Student's 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, **Roanoke-Chowan 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 Address _____

Parent/Guardian 2 Name _____

Phone Number_____

Email Address _____